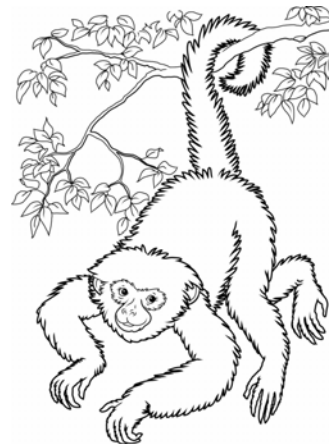


Teen Volunteer Registration

(Must be in Grades 7-12 in Sept. 2008)



Our Lady of Refuge

Summer Day Camp '08

June 23 - July 3, 9:00am - 12:30pm

Please Print

Parent/Guardian _____ Phone _____

Address _____ City/Zip _____

| Participant's Names | Date of Birth | Grade Sept. 2008 | T-shirt Size Child or Adult |
|---------------------|---------------|----------------------------|--------------------------------|
| _____ | __/__/__ | _____ | _____ |
| _____ | __/__/__ | _____ | _____ |
| _____ | __/__/__ | _____ | _____ |

Emergency Contact:

Name: _____ Phone _____

Does your teen have any health problems that the staff should be aware of?

(Please name teen and problem) _____

My teen(s) have my permission to attend Our Lady of Refuge Summer Day Camp. I have read the information regarding time. I will not allow my teen to attend if he/she is not feeling well. In case of emergency the adults in charge have permission to secure or provide medical care for my teen.

I hereby release all church staff and adult advisors from any and all claims, loss, cost, damage, or expense arising out of or from any accident or any other occurrence, causing injury to any person or property during this event.

Parent/Guardian Signature

Date

** Please note: There will be two training days in June 2008... dates to be determined... all **registered** teens will be contacted with more information.