

SJNRS SUMMER CAMP REGISTRATION FORM

Please complete this form for office use. This information is necessary should we need to contact you while your child is in our care. No child will be allowed to participate without this form being completed and signed by the parent or guardian. The information on this form is considered confidential and will stay in the School Office.

Permission is granted for: _____
(Name of Student) PLEASE PRINT

To participate in a four-day camp at the Palmerton campus of Saint John Neumann Regional School, located at 259 Lafayette Ave., Palmerton, PA 18071 on the dates and camps selected below. **The cost is \$50 per student - per camp.**

Chess Camp: ages 10 - 14 Camp Dates: **July 8 - July 11** from 12:00pm - 3:00pm

Basketball Camp: ages 5 - 14 Camp Dates: **July 15 – July 18** from 12:00pm - 3:00pm

Technology Camp: ages 5 - 14 Camp Dates: **July 15 – July 18** from 12:00pm - 3:00pm

Bible Camp: ages 5 - 14 Camp Dates: **July 22 – July 25** from 12:00pm - 3:00pm

Cooking Camp: ages 8 - 14 Camp Dates: **July 22 – July 25** from 12:00pm - 3:00pm

T-shirt size: Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

A \$50 non-refundable check or cash is included with my signed registration form. Yes No

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Address: _____

Phone #: _____ Emergency Phone #: _____

Please provide the information requested below, as it may be needed in case of an emergency.

Student's Date of Birth: _____

Allergies and/or Conditions requiring special consideration (medical/physical): _____

Does your student require: **(A) EpiPen:** Yes No **(B) Inhaler:** Yes No **(C) ANY MEDICATION**

CURRENTLY TAKEN: (Type of medication and time of administration): _____

Primary contact name _____ Relationship to student: _____

Phone #: _____ Work Phone #: _____ Cell Phone/Pager #: _____

Secondary contact name _____ Relationship to student: _____

Phone #: _____ Work Phone #: _____ Cell Phone/Pager #: _____

Student's Physician: _____ Phone #: _____

TO ANY DOCTOR OR HOSPITAL: I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this camp.

Parent/Guardian Name: (PLEASE PRINT) _____

_____ Date: _____

Parent/Guardian Signature: _____