

St. Michaels And All Angels

Create

Youth Arts Camp Counselors Registration

Connect

June 10th-14th, 2019 9:00-3:00

Discover

Counselor Information (Write all family members on one form)

Name		Date of Birth	Grade (as of Sept. 2019)
1			
2			

Home Address _____
Street City State Zip Code

Parent /Guardian Information

Parent/ Guardian Name:	email
Preferred Phone ()	Work Phone ()
Parent/ Guardian Name:	email
Preferred Phone ()	Work Phone ()

Parent/Guardian Permission and Medical Authorization

_____ has my permission to attend activities with leaders from St. Michaels and All Angels Church. I understand the activities will be under supervision of one or more adult leaders approved by the church. I waive any claim against the church and its approved leaders. In case of a medical emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the adult leader to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child(ren) named above.

Medical Insurance, if applicable _____
Company Name Policy Number Member ID#

Family Doctor or Clinic _____ Office Phone () _____

Food or Drug Allergies: _____

Does your child have any needs we should be aware of so that we may provide him or her with the best possible camp experience?

_____ Date

_____ Signature of Parent/Guardian

Media Authorization

_____ I do give permission for my child's and/or photographs to be used for the purpose of publications and/or on the church's internet website.

_____ I do not give permission for my child's and/or photographs to be used for the purpose of publications and/or on the church's internet website.

_____ Date

_____ Signature of Parent/Guardian