

St. Michael and All Angels

Youth Arts Camp Registration

July 12th – 16th 9:00 am -2:00 pm

Grades 1-6

Campers' information (write all family members on one form)

Name	Date of Birth
1.	
2.	
3.	
4.	
5.	

School Attending _____

Home Address

Street City State Zip Code

Parent/ Guardian Information

Parent/Guardian _____ Relation to camper _____

Preferred Phone # _____ Work# _____ Email _____

Parent/Guardian _____ Relation to camper _____

Preferred Phone # _____ Work# _____ Email _____

Emergency Contact

We will only release your child(ren) to the following people.

In case a parent cannot be reached, please call:

1. Name _____ Relation to child _____ Phone # _____
2. Name _____ Relation to child _____ Phone # _____
3. Name _____ Relation to child _____ Phone # _____

Parent/Guardian Permission and Medical Authorization

_____ has my permission to attend activities with leaders from St. Michael and All Angels Church. I understand the activities will be under the 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 medical emergency, I understand that 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 named above.

Medical Insurance, if applicable _____

Company Name

Policy Number

Member Number 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 best possible camp experience?

_____ Date

_____ Signature of Parent/Guardian

Media Authorization & Behavior Contract

_____ I do give permission for my child and/or photograph to be used for publication and/or on church's internet website.

_____ I do not give permission for my child and/or photograph to be used for publication and/or on the church's internet website.

_____ (must check to show agreement) I have read and understand that my child will be expected to follow the ARTS camp rules and behavior guidelines. Violators will be warned; further problems will result in dismissal from camp without reimbursement.

A – Accept Directions Promptly

R- Right Attitude

T- Treat Others & Property Respectfully

S – Safety 1st

_____ Date

_____ Signature of Parent/Guardian

Cost of Camp

Cost (includes supplies and lunch for the week) \$100/1st child

_____ \$10 per child registration fee required (applied to balance) Balance due by July 6, 2021.

_____ Financial Aid Requested

Limited Financial Aid available

Register will follow-up per request