

St. Michael the Archangel Catholic School & ALLEGRO Summer Camp Registration Form

Camper Name: _____ **Group:** _____ **Counselor:** _____

Child

First _____ Middle _____ Last _____ Gender: Male __ Female __

Current School _____ Grade _____ Birth date ____/____/____ Age _____

Street Address _____

City _____ State _____ Zip code _____ Child's Home Phone _____

Shirt Size: S [] M [] L [] XL [] XXL [] Youth [] Adult []

Person responsible for payment _____ Phone # _____

How many weeks are you planning to attend: 1 [] 2 [] 3 [] 4 [] 5 [] 6 []

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____

Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____

Cell phone _____ FAX _____ E-mail _____

Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____

Street Address _____

Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____

Cell phone _____ FAX _____ E-mail _____

Occupation _____ Employer _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____



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Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list any medical problems, including any requiring maintenance medication (i.e., Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above-listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Registration:

\$70 is due at the time of camp registration.

SUMMER CAMP TUITION & PAYMENT:

Summer camp tuition fee is due on every Monday the week that your child is enrolled, CASH ONLY. If a camper's tuition is not paid, they will not be able to attend camp.

- \$125 a week / Payable on Monday

Pre-Camp Care \$10 a week
After Camp Care \$20 a week

REQUIRED DOCUMENTS FOR NON-ST. MICHAEL STUDENTS

[] Birth Certificate [] Parent's ID [] Physical & Vaccination

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Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **St. Michael the Archangel Catholic School & ALLEGRO Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspapers and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of **ALLEGRO Summer Camp**.

Parent's/Guardian's Initials _____

St. Michael the Archangel Catholic School & ALLEGRO Summer Camp is not responsible for lost or damaged private property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e., EMT, First Responder, and/or Physician).

Parent/Guardian\ Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Camper Name: _____ **Group:** _____ **Counselor:** _____

(REQUIRED)

I, the undersigned*, herby release discharge, indemnify, hold harmless and defend **St. Michael the Archangel Catholic School & ALLEGRO Summer Camp**, its officers, employees and servants from any and all liability (claims, demands, losses, causes of action, suits, judgements) of any kind that I or my family may have against **St. Michael the Archangel Catholic School & ALLEGRO Summer Camp** due to death, personal injury or illness, loss or damage to property, or future causes that occur during the 2023 **St. Michael the Archangel Catholic School & ALLEGRO Summer Camp**. In the event of any medical emergency, I authorize and consent for **St. Michael the Archangel Catholic School & ALLEGRO Summer Camp** to act on behalf for medical care deemed necessary for the participant.

Name of Participant

Name of Parent

Medical Insurance Company

Policy Number

Family Doctor

Phone Number

*Parent Signature

Contact Phone Number

Date _____