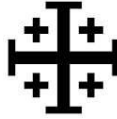


Date received: \_\_\_\_\_

PDS: Y/N



**THE PARISH OF ST. PATRICK  
SUMMER FAITH CAMP  
REGISTRATION FORM**

**(Please print and complete all 3 pages)**

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade Entering in September 2019: \_\_\_\_\_

**Mother/Legal Guardian Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Father/Legal Guardian Information**

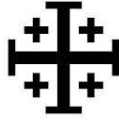
Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_



**EMERGENCY CONTACTS/PERMISSION TO PICK UP CHILD**

Emergency Contact 1:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime #: \_\_\_\_\_ Alt Daytime #: \_\_\_\_\_

Emergency Contact 2:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime #: \_\_\_\_\_ Alt Daytime #: \_\_\_\_\_

**FAITH CAMP REGISTRATION DATES**

Please check each week that your child will be attending St. Patrick's Summer Faith Camp:

Theme: The Rosary

Hours of Operation: 9:30am – 1:00pm (Monday – Friday)

Week 1 (July 8 – July 12) THE JOYFUL MYSTERIES

Week 2 (July 15 – July 19) THE SORROWFUL MYSTERIES

Week 3 (July 22 – July 26) THE GLORIOUS MYSTERIES

Week 4 (July 29 – August 2) THE LUMINOUS MYSTERIES

**FREE LUNCH**

Please indicate whether your child will be ordering the free lunch box meal provided daily

Yes, my child would like the free lunch box meal

No, my child will bring a lunch from home

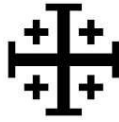
**PHOTO RELEASE:** Please check one and sign below

\_\_\_\_\_ *I hereby give St. Patrick Church permission to use my minor child's likeness in photography for publication in Parish bulletins, websites or newsletters on behalf of the Parish of St. Patrick. I understand that we will not receive any compensation for said publications.*

\_\_\_\_\_ *I do not give permission to St. Patrick Church to use my child's likeness in photography.*

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



**THE PARISH OF ST. PATRICK  
SUMMER FAITH CAMP  
MEDICAL INFORMATION AND AUTHORIZATION FORM**

**MEDICAL INFORMATION**

*If applicable* Family physician name:

\_\_\_\_\_

Address \_\_\_\_\_

Phone #: \_\_\_\_\_

In the event of an EMERGENCY, individuals will be taken directly to the nearest hospital.

Please list any medical allergies, physical or behavioral conditions of your child:

\_\_\_\_\_  
\_\_\_\_\_

Please explain special needs your child may have:

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

I, \_\_\_\_\_ as parent and/or legal guardian, do hereby release The Parish of St. Patrick, its staff and volunteers, from liability in the case of an accident or injury to my child or ward:

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Further, in case of accident, injury or sudden illness, I authorize any first aid or emergency medical care that may become necessary for my child or ward while he or she is enrolled in St. Patrick Faith Camp. I also authorize that my child or ward may be transported to a local medical facility. If I cannot be contacted in an EMERGENCY, I hereby give permission to the physician selected by the Faith Camp Coordinator to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child or ward, named above. I understand I am financially responsible for any expenses incurred for medical care or transportation on my child's behalf. By executing this document, I hereby assume, on behalf of my child or ward, all risk of injury or loss to which he or she may be exposed.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date