



2024 SUMMER CAMP REGISTRATION FORM

Child's Name _____ DOB _____

Address _____

School _____ Grade in 2024/25 _____

Father/Guardian Name _____

Home # _____ Cell # _____ Work # _____

Email address _____

Mother/Guardian Name _____

Home# _____ Cell# _____ Work# _____

E-mail address _____

Please indicate the camp(s) you are registering your child in:

- | | | |
|------------|-------|--|
| June 17-21 | _____ | LEGO's PreK4 – 3 rd \$240 |
| June 17-21 | _____ | Retro! Let's Visit the 80's 1 st – 4 th \$240 |
| June 17-21 | _____ | Sports 1 st – 3 rd \$360 |
| June 24-28 | _____ | Let's Get Messy K – 2 nd \$240 |
| June 24-28 | _____ | Pixar Fun PreK4 – 2 nd \$240 |
| June 24-28 | _____ | Sports 4 th – 6 th \$360 |
| June 24-28 | _____ | Voyage to France 2 nd – 6 th \$240 |
| July 08-12 | _____ | Dinosaurs PreK4 – 1 st \$240 |
| July 08-12 | _____ | H2O! H2O! Everywhere K – 2 nd \$360 |
| July 08-12 | _____ | Let's Go Camping PreK4 – 1 st \$240 |
| July 15-19 | _____ | Character Week 1 st – 4 th \$360 |
| July 22-26 | _____ | Carnival K – 2 nd \$360 |
| July 22-26 | _____ | Get Ready for Kindergarten Entering K \$240 |
| July 22-26 | _____ | Sharks & Mermaids K – 2 nd \$240 |
| July 22-26 | _____ | S'mart - Summertime Art Activities 2 nd – 6 th \$240 |

TOTAL payment enclosed w/registration form: _____

Emergency Information Record for _____

Sacred Heart School (SHS) will not release a camper to any person other than the camp member's parent or legal guardian without written permission from the parent or guardian. SHS presumes that each parent or guardian may legally pick up their camp member unless the custodial parent notifies the camp and sends a supporting court order. When notified, SHS shall not permit a parent or guardian to pick up a child against whom there is a court-ordered restraining order or comparable court ruling. The burden of notification is on the legal parent or guardian.

Below is a list of those who have permission to pick a camper up or to be called in an emergency if parent/guardian cannot be reached.

| | | | | |
|-----------|-----------------------|--------|--------|--------|
| Full Name | Relationship to Child | Home # | Cell # | Work # |
| Full Name | Relationship to Child | Home # | Cell # | Work # |
| Full Name | Relationship to Child | Home # | Cell # | Work # |

In case of accident or serious illness, I understand that the Camp Counselor will contact me. If the counselor is unable to reach me, I authorize the counselor to make whatever arrangements are in the best interests of my child.

Permission to Administer Prescription Medications

Prescription Medications must be accompanied by a written order from the prescriber. The medicine must be delivered to the Camp Counselor by the parent or other responsible adult in the pharmacy container labeled with the child's name, the physician's name, the name of the medication, and the instructions. Medications prescribed for three or fewer times per day may be given at home.

My child does not require medication

My child is required to take the following medication:

| | | |
|-----------------------|------------|----------|
| Name of Medication(s) | Dosage(s) | Route |
| Frequency | Start Date | End Date |
| Diagnosis | | |
| Side Effects | | |

Allergies

My child does not have any allergies

My child has allergies to the following food and/or medication:

| | |
|----------------------|------------------|
| Type of Drug Allergy | Type of Reaction |
| Type of Food Allergy | Type of Reaction |

Other Health Conditions

My child does not have any health conditions

My child has the following health conditions:

| | |
|-------------------------|------------------|
| Asthma (Indicate Type): | Well Controlled? |
| Other: | Well Controlled? |

Additional Comments

If you wish to provide any additional comments for the Camp Counselor, please add them below:

Parental/Guardian Consent & Waiver/Release

I, the undersigned, being a parent or legal guardian of _____ do hereby give my consent and permission for the above name to participate in Sacred Heart Camps. In consideration of the benefits to be derived from this activity, I hereby voluntarily for myself and anyone entitled to act on my behalf, waive, release, and forever discharge any claim or claims against Sacred Heart School Summer Camps, the Roman Catholic Diocese of Manchester, Sacred Heart Parish and its or their staff and leadership in both their official and personal capacities, and any of its or their agents, assigns, representatives, successors, or anyone acting on its or their behalf, for any and all claims, demands or liabilities of whatever nature including but not limited to injury, death, or damage, whether in property or nature, which may arise in connection with said activities or any phase or parts thereof. This waiver/release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown, and includes liability that may arise out of negligence or carelessness on the part of persons named in this waiver/release.

I hereby certify that all information on this application, and all information submitted as part of this application, is complete and accurate. The applicant has my approval to participate in all regular club activities including off-site trips to area parks. His/her name or picture may appear in camp or local news publications. If you have concerns about the use of pictures of your child, please inform Sacred Heart School. I realize it is my responsibility to consult a physician to assess my child's health relating to participation. I agree to hold harmless Sacred Heart School, Sacred Heart School Board, OLMM Parish, or their employees, volunteers and agents for any/all injuries and damages incurred during said program.

Parent/Guardian Signature _____

Date _____

OFFICE USE ONLY

DATE REGISTRATION SUBMITTED _____ **AMOUNT PAID** _____ **PAYMENT TYPE** _____

REGISTRATION SIGNED Y N **NOTES** _____