

**ST. ANTHONY SUMMER CAMP REGISTRATION FORM**

**(PLEASE PRINT)**

Date of Registration \_\_\_\_\_

Camper's Name \_\_\_\_\_ Age at Camp \_\_\_\_\_ Birth Date \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

Allergies/Special Conditions \_\_\_\_\_

I will be at camp the following weeks \_\_\_\_\_

Parent's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Insurance Carrier and Policy # \_\_\_\_\_

**THIS SECTION MUST BE SIGNED BY PARENT AND/OR GUARDIAN BEFORE REGISTRATION IS ACCEPTED.**

I hereby give permission to St. Anthony Summer Camp to transport the child named above off the camp property for the purpose of medical care or as deemed necessary by the Camp Director. I hereby authorize the camp staff to provide for and secure treatment of all health issues that arise at camp for child named above. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthetic or surgery for the child named above. I understand that the camp does not provide accident/medical insurance for the child named above. Medical bills, including prescription drugs, will be the responsibility of the parent or guardian named below.

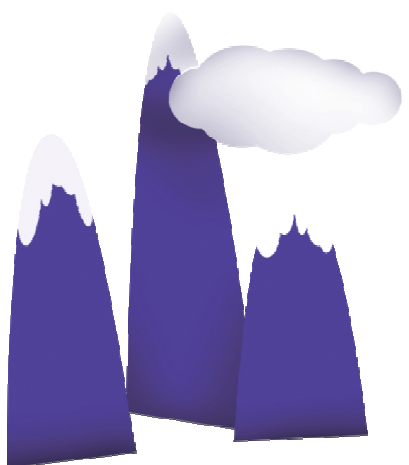
Rules for campers are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all campers will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that St. Anthony Summer Camp reserves the right to dismiss a child from camp whose special needs they are not able to provide for or whose conduct is not in the best interest of the camp community, without refund. I will notify the director if my child has any serious restrictions related to his/her participation in the camp program.

I agree to the following policies regarding camp fees: Deposits are non-refundable; No refunds will be given for canceling within 14 days of my child's camp session; No refunds are given if a camper is dismissed from camp due to disciplinary action; No refunds are given if campers leave early due to sickness or personal commitments and vacations. Account balances are due by June 1 to St. Anthony including any fees due (if applicable). All registration submitted will be subject to availability and may not be accepted after April 30.

St. Anthony Summer Camp has my permission to use photographs taken of my child while at camp for promotional purposes.

**We or I (Parents/Guardians) have read and agree to all the conditions of this registration.**

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



St. Anthony School Summer camp  
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