

# Camp St. Magdalen Camper Registration Form

**Camp Registration Dates:** Please mail or drop off registration form to the **Office of Catechesis (Attn: Camp)** by

**July 1, 2013**; space is limited.

Questions? Contact Michele Beckman: 908-797-4029 or michele.beckman@comcast.net

**DATE:** Monday, August 5 - Friday, August 9, 2013  
**TIME:** 9:00 a.m. to 12:30 p.m.  
**PLACE:** St. Magdalen Parish Center Lawn  
**GRADES:** Children who are entering grades **K-6**  
**FEE:** **\$40.00** for the 1<sup>st</sup> child and **\$15** for each additional child.

Total Fee _____
Date pd. _____
Check No. _____

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*Please fill out one form per child*

Child's Name: \_\_\_\_\_ M F  
Last First Middle Please Circle  
D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering September 2013: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Home Telephone No.: \_\_\_\_\_  
Father's Work No.: \_\_\_\_\_ Mother's Work No.: \_\_\_\_\_  
Father's Cell Phone No.: \_\_\_\_\_ Mother's Cell Phone No.: \_\_\_\_\_

Parent email address \_\_\_\_\_

St. Magdalen parishioner YES NO

**Tee-shirt Size** (please circle one): **CHILD S(6-8) M(10-12) L(14-16) ADULT (S) (M)**

Are you registering additional children? YES NO

If yes, please list names: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
(3) \_\_\_\_\_ (4) \_\_\_\_\_

Parents:

Would you like to volunteer to help? YES NO (If yes, please fill out Volunteer form!)

**Emergency Contacts: (PLEASE PROVIDE 2 OTHER THAN YOURSELF WHO WILL BE AVAILABLE DURING CAMP HOURS)**

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

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

**Please complete medical information on the reverse!**

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

Should emergency medical treatment be necessary and I am unable to be contacted immediately, I authorize the delegated agents of St. Magdalen Parish to act on my behalf and approve appropriate treatment.

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

I specifically waive claim or claims that may be derived from any accident or injury sustained by my child. I further agree to indemnify and save harmless St. Magdalen Parish, the Catholic Diocese of Metuchen, their staff, all volunteers, and all adult supervisors working on their behalf.

I further understand that parish representatives are NOT permitted to dispense medication.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Does your child have any special medical needs, dietary needs, or allergies?** YES NO

Please list your child's allergies and/or medical condition. Explain the symptoms as well as what should be done in this situation:

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Does your child carry any medication? If yes, please explain what it is and where it will be located:

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Does your child carry an EpiPen? YES NO

**NOTE: Parish representatives are NOT permitted to dispense medication; your child will have to take the medicine by himself/herself. St. Magdalen's will NOT PROVIDE any medication. If your child needs medicine such as Benadryl on hand, please provide it with your child's name on it.**

All of the information contained on this form is accurate and I understand that I must provide the necessary medication for my child and that the parish representatives are NOT permitted to dispense medication.

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_