

Camp St. Magdalen Counselor 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: Students who are entering grades **7 through 12**
FEE: **\$10.00** (covers cost of tee-shirt)

Fee \$10.00

Date pd. _____

Check No. _____

Please fill out one form per counselor

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 L(14-16) or ADULT S M L XL**

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

Name: _____ Telephone: _____

Name: _____ Telephone: _____

There will be a mandatory orientation session on Saturday, August 3rd. You will be notified as to the time. Please indicate any special talents that you would like to share with campers (e.g. artistic abilities, music or singing, sports, leading a small group of campers).

Please complete medical information on the reverse!

Counselor'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:

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

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 _____