Camp St. Magdalen

August 1, 2016 -August 5, 2016, 9am to 12:30pm each day

Camp St. Magdalen is open to children who are **entering** Kindergarten through the 6th grade. Register your child for the grade he or she will enter as of September 2016. **The fee is $40 (includes T-shirt) for the first child and $15 for each additional child.**

Please return forms by **June 30th** to:
St. Magdalen de Pazzi Church (Attn: Michele Beckman)
105 Mine St., Flemington NJ 08822

Parent/ Guardian: _____ Last Name _____ First Name _____ phone (during camp hours)

Email Address: _____

Emergency Contacts: _____
Name Phone Relation to child(ren)

_____
Name Phone Relation to child(ren)

Child's Name First	Last	Grade entering Sept '16	Allergies or medical condition	Friend attending camp

*Please note that parish representatives are NOT permitted to dispense medication

T-shirt size : Name _____ child S (6-8) M (10-12) L (14-16) adult S M L XL
Name _____ child S (6-8) M (10-12) L (14-16) adult S M L XL
Name _____ child S (6-8) M (10-12 L (14-16) adult S M L XL

Photo Approval: *I am an adult over the age of 18 years and I am the parent or legal guardian of the above named. I have full authority and authorize St. Magdalen's to display pictures containing images, first and last names or descriptions of activities portrayed in the photographs of my child/ren taken at Camp St. Magdalen's.*

photo & name ___Agree ___Disagree photo only ___Agree ___Disagree

_____ _____ _____
Signature of Parent or Guardian Printed Name of Parent or Guardian Date

Emergency Medical Treatment Authorization: *I request that my son/daughter participate in the above-described activity of the Church of St. Magdalen de Pazzi. Should emergency medical treatment be necessary and I am unable to be contacted immediately, I authorize the delegated agents of St Magdalen's to act on my behalf and approve appropriate treatment. I specifically waive claim(s) that may be derived from any accident or injury sustained by my son/daughter during the activity. I further agree to indemnify and save harmless the above-named church, the Catholic Diocese of Metuchen, their staff, and all adult supervisors working on their behalf.*

Parent/Guardian Signature: _____ Date: _____

Insurance Company _____ Policy # _____

Further questions? Please contact Michele Beckman (908)782-2922 ext. 1739 or mbeckman@stmagdalen.org