

CAMP ST. MAGDALEN
Youth Counselor Sign-Up Form
(all volunteers under 18 yrs of age)

August 1 – 5, 2016, 8:30 am to 1:00 pm each day

Please return forms by **June 30th** to: St. Magdalen de Pazzi Church (Attn: Michele Beckman)

105 Mine St., Flemington, NJ 08822

Youth Counselor Information:

Name _____ Phone # _____

Parent Email _____

Grade (Sept 2016) _____ Age _____

Allergies/Medical Conditions _____

Camp T-shirt – REQUIRED for ALL volunteers

FEE \$10 – (please send payment w/form-checks made payable to St. Magdalen's)

please circle size

Child S(6-8) M(10-12) L(14-16) Adult S M L XL

Please mark the activities you would like to volunteer for (please check at least 2)

Crafts _____ Recreation _____ Music _____ Skits _____

Kitchen _____ Group Counselor _____

Emergency Contact

Name _____ Phone _____

Relationship to child _____

Name _____ Phone _____

Relationship to child _____

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. I further agree to indemnify and save harmless St. Magdalen's, 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.

Insurance company _____ Policy Number _____

Parent/Guardian Signature: _____ Date: _____