



St. Charles Scripture Camp 2017 – June 19 – 23, 2017 9am – 12:15pm
Maker Fun Factory: Created by God Built for a Purpose
Camper Registration/Medical Release Form

Camper's completing Kindergarten through and including Fifth grade are eligible. Preschool are for children entering Kindergarten in the fall and four year olds. Once capacity is reached a waiting list will be started. Assume your child is registered and confirmation will be mailed to you by June 12. If you are on a wait list, you will be contacted immediately.

Last Name: _____ **EMAIL CONTACT (required):** _____

Children attending camp: *(list additional campers on back)*

Name _____ Age ____ Grade ('16-'17) ____ School _____ T-Shirt Size(circle 1): S M L Adult-S
 Name _____ Age ____ Grade ('16-'17) ____ School _____ T-Shirt Size(circle 1): S M L Adult-S

Address: _____
 Street Address City Zip Code Home Phone

Mother's Name: _____ **Cell Phone#:** _____ **Father's Name:** _____ **Cell Phone#:** _____

***Fees: Enclose registration fee of \$90.00/child, payable to St. Charles Church.**

(Fee includes one T-shirt per camper and Scripture Camp CD for each family.)

- I have a Bible from last year, and will bring it to Camp.
 I need to order a Bible. Qty: ____ **(Enclose an additional \$5.00 for each Bible. Your child's Bible will be delivered to Camp)**

This camp is 100% volunteer run. Please check below if you are willing to help with any of the following:

- Group Leader Coming to help one day in the Snack room Assisting a Station Shadowing for a Day

Emergency Information:

In case of emergency, the following person should be contacted if the parents cannot be reached.

Name(s) _____ Phone Number(s): _____

Medical Information:

Physician's Name _____ Phone: _____ Medical Plan/Policy # _____

Family Hospital and Address: _____

List any allergies, medical conditions, medications that pertain to your child(ren) at camp: *(list additional campers on back)*

Child's Name: _____ Comment: _____

***Drop off at Parish Office or Mail to:** St. Charles Church
 880 Tamarack Ave. San Carlos, CA 94070

Parent's agreement and medical release:

I/We the parents of the above named applicant(s) hereby give my/our permission for him/her/them to participate in all St. Charles Scripture Camp activities. In case of emergency, the Camp Director or leader, or parent volunteer is authorized to have my/our child(ren) treated by any licensed physician, dentist, and/or hospital. (Note: In the event of an emergency, every effort will be made to contact parents immediately.)

Parent/Guardian signature: _____ **Date** _____