

Join Us for Camp St. Bernard 2017!!!

Camper Registration Form

Please mail or drop off registration form  
to the Office of Catechetical Formation by  
**May 31, 2017**

**DATE:** Monday, June 26, - Friday, June 30, 2017  
**TIME:** 9:00 a.m. to 12:30 p.m.  
**PLACE:** Grounds of St. Bernard Church  
**GRADES:** Children who have completed grades 1-5  
**FEE:** \$50.00 for the 1<sup>st</sup> child and \$15 for each additional child.

Total Fee \_\_\_\_\_  
Date pd. \_\_\_\_\_  
Check No. \_\_\_\_\_

\*\*\*\*\*

Father's Name: \_\_\_\_\_ Mothers Name: \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Township: \_\_\_\_\_ Home Telephone No.: \_\_\_\_\_  
Father's Work No.: \_\_\_\_\_ Mother's Work No.: \_\_\_\_\_  
Father's Cell Phone No.: \_\_\_\_\_ Mother's Cell Phone No.: \_\_\_\_\_

St. Bernard parishioner YES NO

Child's Name: \_\_\_\_\_ M F  
Last First Middle Please Circle  
D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Grade completed June 2016: \_\_\_\_\_

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

Child's Name: \_\_\_\_\_ M F  
Last First Middle Please Circle  
D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Grade completed June 2016: \_\_\_\_\_

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

Child's Name: \_\_\_\_\_ M F  
Last First Middle Please Circle  
D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Grade completed June 2016: \_\_\_\_\_

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

Parents:  
Would you like to volunteer to help? YES NO (If yes, please fill out Adult 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 side!**

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

Should emergency medical treatment be necessary and I am unable to be contacted immediately, I authorize the delegated agents of St. Bernard 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. Bernard 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 **If yes please fill out authorization form**

**NOTE: Parish representatives are NOT permitted to dispense medication; your child will have to take the medicine by himself/herself. St. Bernard'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 \_\_\_\_\_