

Camp St. Bernard 2017

Counselor Registration Form

Please mail or drop off registration form
to the Office of Catechetical Formation by
May 12, 2017; we have a limited number of spaces.

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: Students who have completed grades 6 through high school
FEE: \$15.00 (covers cost of tee-shirt)

Fee \$15.00
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 completed June 2016: _____

Father's Name: _____ Mother's Name: _____

Email 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.: _____

Parent or Counselor email address _____

St. Bernard parishioner YES NO

Tee-shirt Size (please circle one): **CHILD L(14-16) or ADULT S M L XL**

Emergency Contacts:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

There will be a mandatory orientation session on **Friday, June 23th from 1:00 to 4:00 pm.** Please number in the order of your preference 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).

___ with Campers ___ Arts & Crafts ___ Music ___ Games
___ Tent of Tales ___ Service

Please complete medical information on the reverse side!

Counselor'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 _____