

St. Alphonsus Catholic Kids Camp 2017

Participant Registration Form- \$5 per participant

Ages 4-11 (participants) 12 & up (volunteers)

June 12 – 16, 2017 - 9:00am-12:00pm - St. Alphonsus Gym

MARVELOUS MYSTERY

The Mass Comes Alive

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*Registration closes on May 21st or when we meet capacity!

Number of children attending camp: ____ Please complete Child(ren) information on back if you are registering more than (4) children, kindly complete a second form.

Family Information:

Parents/Guardians' Name(s): _____

Address: _____

Hm: _____ Wk: _____ Cell: _____

Email: _____

Emergency Contact:

Name: _____ Phone: : _____

Who may pick up your child , other than the name above :

Name: _____ Phone: : _____

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this CKC and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the CKC Team, or other associated volunteers of the CKC program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, and Parish from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the CKC

Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the CKC week or for future advertisement of Parish CKC programs. Any other use will require your further consent.

Parent / Guardian Signature

Date

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*Completed forms with \$5 donation per child in cash or check made out to St. Alphonsus church may be dropped off at the church office or the Our Lady of Perpetual Help bookstore, located in the cottage behind the church & rectory.

Date completed form returned (CKC Use Only) : _____

1 Child's Information:

Name: _____

Sex: (circle one) M F Age: _____ Grade completed: _____

T-shirt size: (circle one) child sizes : XS S M L adult sizes: S M L XL

Allergies or medical conditions: _____

Provide special needs if necessary: _____

2 Child's Information:

Name: _____

Sex: (circle one) M F Age: _____ Grade completed: _____

T-shirt size: (circle one) child sizes : XS S M L adult sizes: S M L XL

Allergies or medical conditions: _____

Provide special needs if necessary: _____

3 Child's Information:

Name: _____

Sex: (circle one) M F Age: _____ Grade completed: _____

T-shirt size: (circle one) child sizes : XS S M L adult sizes: S M L XL

Allergies or medical conditions: _____

Provide special needs if necessary: _____

4 Child's Information:

Name: _____

Sex: (circle one) M F Age: _____ Grade completed: _____

T-shirt size: (circle one) child sizes : XS S M L adult sizes: S M L XL

Allergies or medical conditions: _____

Provide special needs if necessary: _____

Parent / Guardian Signature

Date