



Registration Form

(One Per Child)

Child's Name: _____

Age (on 07/31/17): _____ DOB: _____ Last Grade Completed: _____

Name of Parent(s): _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone: _____

Parent or Caregiver's Cell: _____

Parent Email Address: _____

Allergies or Medical Conditions: _____

Medications to be administered by camp staff: _____

Instructions: _____

Home Parish: _____

In Case of Emergency, and parent is unavailable, please contact:

Primary:

Name: _____ Phone Number: _____

Relationship to Child: _____

Alternate:

Name: _____ Phone Number: _____

Relationship to Child: _____

Crew Number:

Crew Leader:

Notes:

PARISH USE ONLY!



Medical and Photography Release Form (One Per Child)

Permission for emergency medical transportation of a child via EMT (911)

I GIVE St Pius X Parish permission to transport my child, _____
to _____ for emergency medical care or to
_____ for emergency dental care, or to the nearest available
source of assistance.

Parent Signature _____ Date _____

- OR -

Refusal of emergency medical transportation of child via EMT (911)

I DO NOT GIVE St Pius X Parish permission to transport my child,
_____ for emergency medical or dental care. In the event of an
illness or injury which requires emergency medical transportation I wish the church to take the
following actions:

Parent Signature _____ Date _____

Permission to **Photograph** your Child

During our five days together we take pictures of the children for our video slide shows, to post on our website or to use for publicity. We do not associate any personal information/identification with any photographs no matter how it is used. Will you give us permission to photograph your child to use in these ways?

_____ **YES**, you do have my permission
_____ **NO**, you do not have my permission

Parent Signature _____ Date _____

Crew Number:
Crew Leader:
Notes:

PARISH USE ONLY!