PLEASE MAKE SURE YOU PRINT OUT & COMPLETE BOTH PAGES

2013 Discover Camp Application

Registration is limited to 36 campers.

(Please print)

Name ____

Address ____

City ______________________ State _______ ZIP __________ Phone ________________________

Age __________ Birthday ______________________________ Grade (going into) __________

T-Shirt size (adult sizes), circle one Small Medium Large

For parent(s) or guardian(s):

We (I) hereby release all church, camp staff and adult advisors from any and all claims, loss, damage or expense, arising out of or from any accident or other occurrence causing an injury to any person or property during this camp.

Furthermore, we (I) assume all risks of personal injury, sickness, death, damage and expense as a result of participation in recreation and activities involved therein by my child. We (I) are (am) the parent or legal guardian of this participant and give our (my) permission for the camp directors or their duly authorized representative to act on our (my) behalf in a medical emergency if I am unable to do so.

Photo permission and release: Pictures of my child may be used in the internal and external publications and web sites of Sisters of St. Joseph of Concordia.

Signed: (Parent or guardian) ____

Relationship to child: ____

Saturday Evening Ice-Cream Social: How many in your family plan to attend? _______

Remember that all family members are welcome to Mass

Health History

1. Does your daughter have any health problems?

___ Diabetes ___ Digestive problems ___ Asthma

___ Homesickness ___ Epilepsy ___ Sleepwalking

___ Allergies (specify) ____

____

Other (specify) ____

____

____

2. Does your daughter take any routine medications? Please list and give times she takes them and the reason. (Your daughter will keep her medications with her, but will be given a reminder to take them.)

____

____

____

PLEASE NOTE: No medication can be given unless brought from home, so you might anticipate your daughter's need for an aspirin or Tylenol.

3. Does your daughter have permission to participate in:

___ Swimming ___ Sports activities

4. Please list who we should contact in case of an emergency:

Name: ____

Address:____

Phone: ____________________ Alternate Phone: ____________________

Family physician: ____

Insurance Provider: ____

This form must be returned by May 17, 2013, to:

Sister Beverly Carlin
P.O. Box 279
Concordia KS 66901