

Summer Camp

Session 1 2 3 4



Name _____ Age _____ D.O.B. _____

Parents _____ e-mail _____

Home Address _____

Phone # _____ Alternate # _____

Allergies/Dietary restrictions _____

Physical restrictions _____

Physician _____ Phone _____

Health Insurance Group _____ Plan # _____

Persons responsible for bringing/picking up your child:

_____ Phone # _____

_____ Phone # _____

I hereby waive and claim against the Good Shepherd Episcopal church/School staff. I hereby grant permission for a staff person to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include, but not limited to the following.

- Attempt to contact parents or guardians through numbers listed on this form.
- If we cannot contact you, we will have the child taken to and emergency facility in the company of a staff member.

Any expenses incurred as a result of taking the above actions will be borne by the child's family. The church/school will not be responsible for anything that may happen as a result of false or omitted information given at the time of registration.

_____ Date _____

Signature of parent/guardian:

Cash _____ Received by _____

Check amount _____ Check # _____

Credit card _____ MC/Visa _____

Exp.Date _____ CVC code _____ Billing zip code _____

