

TRINITAS SUMMER SCHOOL AND CAMP APPLICATION FORM 2011

Please Fill Out One Form Per Camper

CAMPER INFORMATION

Last Name: _____ First Name: _____ Gender: M__ F__

Street Address: _____ City/State/Zip: _____

Telephone: _____ Birth Date: __/__/__ Age: _____ Grade Next Fall: _____

My child is a ___swimmer ___non-swimmer T-shirt size (circle one): YS YM YL S M L

FAMILY INFORMATION

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

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

If parents are divorced/separated, who has legal custody? _____

Who has custody while your child is attending camp? _____

MEDICAL INFORMATION

Emergency Contact: _____ Phone: _____

Doctor's Name: _____ Doctor's Phone: _____

Please list any information you feel is important for us to know regarding your child's medical background, condition, allergies, personality, etc. _____

PARENTAL PERMISSION AND LIABILITY RELEASE

I hereby request that my child participate in the activities/field trips as selected by the Trinitas Day Camp staff. In the unlikely event of an emergency, if I cannot be contacted, I hereby authorize that emergency treatment be administered to my child. I also agree to release, indemnify, and hold harmless Trinitas Day Camp and any of its employees from liability. Additionally, I authorize the following individuals to be able to pick up my son/daughter when necessary:

1. _____ 2. _____ 3. _____

Father/Guardian's Signature: _____ Date: _____

Mother/Guardian's Signature: _____ Date: _____