

St Charles Lenten Camp Registration Form

Feb 19 & 21, 2019 10AM—Noon School Building



Name _____

Address _____

Phone# _____ E--mail _____

Age & Grade _____

Parent's Name _____

Emergency Contact _____ phone# _____

Any Special situations regarding your child we need to be aware of: _____

Health Information:

Health Insurance Co. _____ Policy # _____

Physician _____ Phone # _____

Allergies _____

Permission and Release Form

I the undersigned parent or guardian of _____ gives permission for participation in the activities at the parish in which the child is registered for Catholic Faith Formation. In the event of an accident or illness, I hereby grant permission to a staff member or representative to act as an agent for me to consent to medical examination, treatment, hospital care or to administer first aid for minor problems. On the behalf of my child, I assume all risk of personal injury, damage, and expense as the result of participation.

I also give permission for the use of photographs of and including my child to be used in church publicity.

Signature of parent/guardian _____ Date _____