St. Francis of Assisi "Fun in the Sun" Summer Camp 2018 Emergency Contact Information

Child's name:	Date of birth:	Date of birth:		
Child's name:	Date of birth:	Date of birth:		
Child's name:	Date of birth:			
Address:	City / State / Zip:	City / State / Zip:		
Parent / Guardian Names: 1.)				
Day Phone:				
Cell Phone:				
Evening Phone:				
Emergency Contacts: Please list tv	wo people we may contact if we cannot reach	you in an emergency:		
Name	Phone Number	Relationship		
1)				
2)				
,				
Signature of parent / guardian:	Printed Name: _			
		Date:		
Photographic Release: I hereby give permission to the St. St. Francis of Assisi Church, or th photographs of the above listed m	. Francis of Assisi Fun in the Sun Staff or for ne St. Francis of Assisi Fun in the Sun Staff (in ninor. I understand these photographs will be no circumstances will be sold or distributed f	anyone authorized by acluding newspaper) to take sused for informational and		
Signed:	Date:	Date:		

Continued on back:

Name:	Relationship:	
Home phone:	Cell Phone:	
Name:	Relationship:	
Home phone:	Cell Phone:	
Name:	Relationship:	
Home phone:	Cell Phone:	
Name:	Relationship:	
Home phone:	Cell Phone:	
Name:	Relationship:	
Home phone:	Cell Phone:	
Name:	Relationship:	
Home phone:	Cell Phone:	
Parent/Guardian Name (please print):		
Parent/Guardian Signature:		
Date:		

The names listed below are the only persons authorized by me to pick up my child(ren).