



2022 St. James the Greater Sports Summer Camp Registration Form

Payment is due by May 15, 2022. Make checks payable to: St. James the Greater

Mail to: 6401 Wade Ave., St. Louis, MO 63139.

PreK to Kdg Camp: \$125.00

1st to 3rd Grades: \$110.00

Camper's Information:

First Name: _____ MI: _____ Last Name: _____

Preferred Name: _____ T-Shirt Size: YXS YS YM YL

Gender: F M Birth Date: ____/____/____ Age: ____ Grade in fall: ____

Address: _____ City/Town: _____ Zip: _____

Parent / Guardian Information:

Parent/Guardian # 1

First Name: _____ MI: _____ Last Name: _____

Address: _____ City/Town: _____ Zip: _____

Cell: _____ Work: _____

Place of Employment: _____

Email Address: _____

Parent/Guardian # 2

First Name: _____ MI: _____ Last Name: _____

Address: _____ City/Town: _____ Zip: _____

Cell: _____ Work: _____

Place of Employment: _____

Email Address: _____

Emergency Contacts (Must list 3): Please circle Y if allowed to pick up camper (photo ID required at pick up).

Emergency Contact #1

Name: _____ Cell: _____

Can pick up: Y: _____ N: _____ Relationship to child: _____

Emergency Contact #2

Name: _____ Cell: _____

Can pick up: Y: _____ N: _____ Relationship to child: _____

Emergency Contact #3

Name: _____ Cell: _____

Can pick up: Y: _____ N: _____ Relationship to child: _____

Photo Release

I give permission for photo images of my child to be used for promotional purposes. Y: _____ N: _____

Required Health History:

Please list and describe all of your camper's allergies below: _____

Allergen Describe reaction/symptoms and management instructions: _____

List any current or past medical conditions that would affect your camper's day: _____

Does your camper have any dietary restrictions? _____

Does your camper have any physical restrictions? _____

Describe any current physical, mental or psychological conditions requiring medication, treatment or special restriction/considerations while at camp? _____

Child's Physician: Name: _____ Phone Number: _____

Child's Dentist: Name: _____ Phone Number: _____

Health Insurance: Provider: _____ ID# _____

Camp Program (please choose one):

_____ PreK to KDG Sports Camp: June 6 - 17, 2022

_____ 1st to 3rd Grades Sports Camp: June 20 - 30, 2022

Waiver:

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above to attend the camp. This health history is correct and my child named herein has permission to engage in all prescribed program activities at St. James the Greater Sports Summer Camp.

In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during St. James the Greater Summer Sports Camp presented by St. James the Greater Catholic Church, and camp staff is unable to get a hold of me or any emergency contacts, I hereby authorize the camp staff to obtain or provide medical treatment for my child for such injury or illness during the camp, and I hereby hold the camp staff and sponsoring organization(s), as well as its representatives, harmless in the exercise of this authority. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during camp.

We recognize that the participant must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to oneself or to others at camp and on the bus. Failure to adhere to program policies and will be cause for participant's dismissal without refund of fees.

Form must be signed by parent or legal guardian over the age of 21.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____