

# St. Andrew Summer Camp 2017

Friday July 21<sup>st</sup> - Sunday July 23<sup>rd</sup>

## Camper Registration Form

Name: \_\_\_\_\_ Male/Female

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ (Fall 2017)

\*Camp is open to those students who will be entering grades 2-10 in the fall of 2017.

\*Students in grades 11-12 are encouraged to be a Counselor In Training.

Shirt Size: (circle) Youth-L Adult-S Adult-M Adult-L Adult-XL

Email to use for camp information:  
\_\_\_\_\_

### Medical Information

Emergency Contact (Name and Number): \_\_\_\_\_

Doctor Name and Phone \_\_\_\_\_

Hospital Name and Phone \_\_\_\_\_

\*\*\* Please provide detailed medical information on page 2.

### **Each camper will have the opportunity to:**

- |                    |                          |                      |
|--------------------|--------------------------|----------------------|
| ✚ Have fun!        | ✚ Attend Mass            | ✚ Swim! Swim! Swim!  |
| ✚ Make new friends | ✚ Have fun!              | ✚ Learn about prayer |
| ✚ Learn about God  | ✚ Enjoy swim/dance party | ✚ Have fun!          |

### **Each camper will be expected to:**

- |                               |                                    |                             |
|-------------------------------|------------------------------------|-----------------------------|
| ✚ Have fun!                   | ✚ Become closer to God             | ✚ Attend all activities     |
| ✚ Try something new           | ✚ Be a role model                  | ✚ Stay with your counselors |
| ✚ Make camp fun for everyone! | ✚ Shine God's love for all to see! |                             |

**Camper's Signature:** \_\_\_\_\_

\*\*\* Please leave phones, electronics or other valuables at home. St. Andrew Summer Camp will not be responsible for lost, stolen or damaged personal items.

Join our Facebook group:  
St. Andrew Summer Camp  
<https://www.facebook.com/groups/256108151239173/>

Shine like the SON!

# St. Andrew Summer Camp 2017

## Medical Information Details / Dosing Schedule

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Medications must come in original container and be labeled in campers name.

Medication Name:	
Dose:	
Times Per Day:	

Medication Name:	
Dose:	
Times Per Day:	

Medication Name:	
Dose:	
Times Per Day:	

Medication Name:	
Dose:	
Times Per Day:	

**Parent's Signature:** \_\_\_\_\_

Cost: \$40 \_\_\_\_ (Parish Member)      \$45 \_\_\_\_ (Non-Parish Member)

\*Save \$5.00 when you register before June 30<sup>th</sup>.

Free: \_\_\_\_ (Parent as camp counselor - 1 child per counselor)

*Please consider making a donation to the camp! If you mark it, we will contact you.*

- Food items - your child's favorite fresh fruit or fresh vegetables*
- S'mores ingredients - marshmallows, chocolate, graham crackers*
- Drinks - individual serving juice, lemonade, bottled water*
- Ice cream treats or candy for pool party*
- Sporting equipment for field games*

**Please return registration form to church office or mail to:**

Chris and Mary Scott  
10711 County Road 381  
Holts Summit, MO 65043

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**Permission to Use Photograph**

I grant to St. Andrew Church, its representatives and employees the right to take photographs of me and/or my child(ren) and/or my property in connection with the above-identified subject. I authorize St. Andrew Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that St. Andrew Church may use such photographs of me and/or my child(ren) with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(if under age 18)

Shine like the SON!