St. Adalbert Summer Camp 2022 Application

Camper's Name: _____Age:_____DOB:___/___/___ Sex: M F

Camper's Address: _____City: _____ZIP _____

Home Phone: (____)_____ Camper's School: _____

Mother's Name: _____SS# _____

Mother's Work: (_____)_____Mother's Cell # (_____)_____

Email Address: _____

Father's Name: _____SS# _____

Farher's Work: (_____)_____Father's Cell # (_____)_____

Emergency Contact Person: _____# (_____)_____
(Full Name and Relationship to Camper)

Allergies / Medical Conditions: _____

_____

Camper's T-Shirt Size: Child Size: _____S (6-8) M (10-12)_____ L (14-16)_____
Adult Size # _____S ____M ____L ____XL

Check Chosen Weeks:

Week 1 - 7/5 – 78		Week 5 - 8/1 – 8/5	
Week 2 - 7/11 – 7/15		Week 6 - 8/8 – 8/12	
Week 3 - 7/18 – 7/22		Week 7 - 8/15 – 8/20	
Week 4 - 7/25 -7/29			

******Children Must Bring Their Own Lunch******

****With the Application a non-refundable registration fee of $50.00 and a 1st week payment of $200.00 is required****

Checks are payable to St. Adalbert's Summer Camp

Note:

I- St. Adalbert Summer Camp has permission for my child to participate in all camp programs. Ail trips are additional and a permission slip will be provided for each trip.

2- Any displays of violence or aggressive behavior towards another camper or staff member will result in immediate expulsion **without** refund.

3- St. Adalbert Summer Camp has the unrestricted right to terminate this enrollment agreement at its sole discretion. In the event of such termination due to camper behavior, St. Adalbert Summer Camp is not obligated to refund any fees or any unused portion of the fees.

4- St. Adalbert Summer Camp has permission to reproduce and publish any photograph, video, or likeness of my child for advertising, commercial or any lawful purpose.

5- St. Adalbert Summer Camp has permission to treat my child for routine, minor injuries such as scrapes and bruises. In the event that a parent, emergency contact or the family physician cannot be contacted in an emergency, St. Adalbert Summer Camp has the permission to have my child examined at a hospital emergency room.

Parent or Guardian's Signature Date