

CAMP CALVARY REGISTRATION FORM – 2019

Child's Name: _____ Birth Date: _____

Address: _____ Zip Code: _____

Home Phone: _____ Emergency Phone: _____

School: _____ Grade in September: _____

Parish: _____ Age: _____ Gender: Male Female
(circle)

Camp Calvary will be in session from July 8th until July 26th, from 9:00 to 12:30 daily.
Please check the week(s) your child(ren) will be attending:

_____ all 3 weeks, or First Week _____ Second Week _____ Third Week _____
(July 8 to 12) (July 15 to 19) (July 22 to 26)

Personal Remarks: e.g., health concerns, allergies, requests for child to be in the same group as another child, etc.
(keep in mind that children are grouped according to age and gender).

My child, _____, has my permission to participate in all of the activities of Our Lady Of Calvary Summer Religious Education Program, "Camp Calvary." I hereby waive and release Our Lady of Calvary Parish and all individuals, teachers, counselors, and aides working in connection with Camp Calvary and its activities, from any and all possible claims of injury to person or property, which might arise in connection with my child's participation in the activities sponsored or provided by Camp Calvary.

Signature of Parent or Guardian: _____

N.B. Any child whose behavior is detrimental to himself/herself, other campers, counselors, aides, moderators, teachers, etc., or the camp in general, will be dismissed!

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(do not detach)

FEE INFORMATION

Registration Fee: \$5 per family _____ (paid)

Tuition for Campers: \$50 for one child, \$80 for two, & \$100 for three or more children.