



**SUMMER CAMP REGISTRATION FORM**  
**Summer Evening Program for Youth Gr. 6-12**  
*Sunday, July 21<sup>st</sup> to Thursday, July 25<sup>th</sup>*

**1. PARTICIPANT INFORMATION**

<input type="text"/>		<input type="text"/>	
FIRST NAME		LAST NAME	
<input type="text"/>		<input type="text"/>	
SCHOOL NAME		SCHOOL GRADE (IN FALL 2019)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
ADDRESS	CITY	POSTAL CODE	

**2. PARENT/GUARDIAN CONTACT INFORMATION**

<input type="text"/>		<input type="text"/>	
FULL NAME		RELATIONSHIP TO PARTICIPANT	
<input type="text"/>		<input type="text"/>	
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER	

**3. EMERGENCY CONTACT INFORMATION**

<input type="text"/>		<input type="text"/>	
FULL NAME		RELATIONSHIP TO PARTICIPANT	
<input type="text"/>		<input type="text"/>	
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER	

**4. ADDITIONAL PARTICIPANT INFORMATION**

PLEASE LIST ANY MEDICAL/OTHER PERTINENT INFORMATION THAT WE SHOULD BE AWARE OF (FOR EXAMPLE: ALLERGIES, ASTHMAS, MEDICATIONS, ANXIETY, ...)

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**5. T-SHIRT SIZE**

PLEASE SELECT A SIZE FOR YOUR CHILD'S SUMMER CAMP T-SHIRT:

YOUTH SIZE:	S	M	L	XL
ADULT SIZE:	S	M	L	XL

**6. PARENT/GUARDIAN PERMISSION**

I GIVE CONSENT FOR MY CHILD TO PARTICIPATE IN THE 2019 ST. CLARE OF ASSISI SUMMER CAMP PROGRAM.

<input type="text"/>	<input type="text"/>
PARENT/GUARDIAN SIGNATURE	TODAY'S DATE