Registration Form

St. Peter Catholic Church
386-822-6025
campkingdomrock@gmail.com

Camper's Information ***(Entering Kindergarten to 8th Grade)***

_____	_____	_____	_____
Child's Last Name	First Name	Date of Birth	Age

Family Information

Parent/Guardian Name_____

Address_____

Telephone: Day:_____ Evening:_____Cell_____

Name of person(s) with permission to pick-up child:

_____Relationship to Child_____

_____Relationship to Child_____

_____Relationship to Child_____

Weeks Attending:

_____June 8 - 12

_____June 15 – 19

_____June 22 – 26

_____June 29 – July 3 **Vacation Bible School**

_____July 6 – 10

_____July 13 – 17

_____July 20 – 24

_____July 27 – 31

_____ August 3 – 7

_____ August 10 – 14

Fee: $ 70.00 per week for 1 child. ($55.00 per week for each additional child in family attending) *Scholarships are available on a need basis. Camp fee payable Monday morning each week.*

$20.00 Registration Fee (includes Camp T-shirt) **must accompany form.**

T- Shirt Size Youth: S___M___L___XL___ /Adult: S___M___L___XL___

Diocese of Orlando Parental/Guardian Medical Information & Consent Form

Participant's Name:_____ Date of Birth:_____

Address_____ City/State/Zip_____

Home Phone:_____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Language Spoken by Emergency Contact: _____

Medical Matters

I hereby warrant to the best of my knowledge, all the information provided is true and correct and I assume all responsibility for the health of my child. I understand it is my responsibility to update the Medical Information & Consent Form if there are any changes to my child's health. (*Please initial)* _____

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment. (*Please initial)* _____

Family Doctor _____ Phone _____

Medications

I hereby **Grant Permission** for my child to be given the following provided medications. All medications must be well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.] I release and hold harmless (entity name) _____, the Diocese of Orlando and any other religious, employees, volunteers, agents and representatives from any injury or harm resulting from administering the medication.
(*Please initial)* _____

Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency, are as follows:

Medication: _____Dosage: _____ Administer: _____

Medication: _____Dosage: _____ Administer: _____

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Medical Conditions Information: (Reasonable steps will be taken to keep this information confidential, but it will be shared with Diocesan personnel and others, as warranted.)
My son/daughter:

- Is allergic to the following medications _____
- Has had an episode of the following or has been diagnosed with: Seizures Asthma Diabetic
- Has had allergic reactions to the following (foods, dyes, latex, etc.)_____
- Has had a medical surgery within the last six months? Yes No Still under doctor's care? Yes No
- Has a medically prescribed diet (*please explain*) _____
- Has the following physical limitations_____
- Immunizations current and up to date? Yes No Date of last tetanus/diphtheria immunization_____
- You should also be aware of these special medical conditions of my child: _____

Insurance Information

☐ **No, I do not carry medical insurance at this time.**

☐ **I do carry medical insurance at this time.**

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.

I fully understand the foregoing statements and sign this Medical Information & Consent Form knowingly, freely, and willingly.

_____ _____

Parent/Guardian Signature *(must sign for any participant under 18 &/or 18 or older & in high school)* Date