

St. Anne's SHIPWRECKED Camp 2018 Registration Form

July 9th – 13th, 9 am to noon

*\$10/wk per child for 9 am to 12 noon
Scholarships available. Please speak to Clergy.*

CHILD'S NAME: _____
Last First

CHILD AGES 4-11 Age Grade entering

CHILD AGES 12-15 Age Grade Entering Interest in Counselor in Training Program (No charge for camp)

CAMP T-SHIRT (CIRCLE ONE) YOUTH: S M L ADULT: S M L

ADDRESS: _____
Street

_____ City State Zip

_____ Family e-mail address

MOTHER/GUARDIAN NAME _____ DAYTIME PHONE/ CELL: _____

FATHER/GUARDIAN NAME _____ DAYTIME PHONE/ CELL: _____

PERSON(S) TO WHOM THE CHILD MAY BE RELEASED IF DIFFERENT THAN ABOVE _____

RELATIONSHIP TO CHILD _____ DAYTIME PHONE: _____

I absolve St. Anne's, its clergy, Wardens and Vestry persons and everyone concerned with the operation of the camp from any responsibilities for any illness or injury that my child might incur while attending the camp, realizing that insurance to cover such contingencies is a matter for my determination. In the event of a medical emergency, while my child is entrusted to their care, I give my permission to the staff of St. Anne's Summer Camp to seek emergency medical treatment for my child. I shall expect to be notified of any emergency as quickly as possible.

By signing this registration form I give permission for St. Anne's Episcopal Church to use sounds, images and videos, of my child taken at St. Anne's Summer Camp in church publications and on St. Anne's online media.

_____ DATE

_____ PARENT'S OR GUARDIAN'S SIGNATURE

If signed by only one parent/guardian, the signer certifies that either (1) he/she has sole legal custody of the minor or (2) he/she is authorized by the minor's other parent/guardian to sign this form on behalf of both parents/guardians.

Applications must be returned to: St. Anne's Episcopal Church, P.O. Box 368, Trexlertown, PA 18087. A child will be considered registered when a signed registration form and complete payment for participation has been received. Please write checks to: St. Anne's Episcopal Church. Registration fee is NON-REFUNDABLE.

Date registration received: _____ Date payment received: _____