



SAINT PHILIP SCHOOL

CARDINAL CAMPS

REGISTRATION / PERMISSION FORM



Please print all information neatly, using one form per camper.

Camper's Name _____ Age _____

Date of Birth (mm/dd/yyyy) ____/____/____ Grade child will enter in Fall 2016 _____

Address (include city/state/zip) _____

Parent Name _____ E-Mail _____

Phone _____ Work _____ Cell _____

Parent Name _____ E-Mail _____

Phone _____ Work _____ Cell _____

Emergency Contact 1 _____ Phone _____

Emergency Contact 2 _____ Phone _____

Please list all **adults** besides those listed above who are authorized to pick up your child:

1. _____
2. _____
3. _____
4. _____

Please note that under no circumstances will children be dismissed to anyone who is not listed on this form. Authorization by telephone, e-mail or fax will not be accepted.

- Please check camp of choice:
- Mad Science *(Students Entering Grades K-2)*
 - Crafty Cardinals *(Students Entering Grades 2-5)*
 - Introduction to Sign Language *(Students Entering Grades 2-5)*
 - Calculating Cardinals *(Students Entering Grades 5-8)*

REGISTRATION FEES: \$115 per student (school/parish families)
\$125 per student (non-school/parish families)

A \$25 non-refundable deposit* must accompany all registrations. Registrations will be accepted on a first-come, first-served basis. A minimum of 6 children is required for each camp, with camp size limited to a maximum of 12 (or 24 for Calculating Cardinals). If we exceed maximum enrollment and receive enough requests to add more classes, a second camp session may be added the week of July 25-29.

***Your deposit will be refunded if we do not have space for your child and he/she is unable to attend July 25-29.**

Saint Philip School families will be offered priority registration through April 8th. After that, registration will open up to Saint Philip parish families through April 29th, and will then open to non-school/parish families.

PLEASE BE CERTAIN TO FILL OUT NEXT PAGE.

MEDICAL INFORMATION

Name of Camper _____ Date of Birth ____/____/____

Medications (if any) _____

Allergies _____

Other Medical Concerns/Conditions of which staff & emergency personnel should be aware: _____

Is camper in need of epi-pen during camp hours? _____

If yes, physician documentation required, and epi-pen is to be brought to camp coordinator at start of each day.

ASSUMPTION OF RISK ~ WAIVER OF LIABILITY ~ MEDICAL AUTHORIZATION ~ PHOTO RELEASE

I hereby authorize my child's participation in the Saint Philip School Cardinal Camp of my choice, and recognize that participation in certain activities, including outdoor play, can result in accident or injury. I accept all such risks and release Saint Philip School, its employees and agents from all liability for damages or injuries incurred as a result of participation by my child.

In the event of an accident or emergency, I AUTHORIZE MY CHILD TO BE TRANSPORTED TO A MEDICAL FACILITY FOR TREATMENT. I understand that I will be notified immediately of any accident, illness or injury that arises, and agree to provide for all medical expenses which may be incurred while my child is under your care during his/her participation in the Cardinal Camp on the school/parish premises. In the event of an emergency, I would prefer that my child, if the need arises, be taken to _____ Hospital. I understand that my choice of hospital may be limited by the service and/or policies of local rescue organizations.

INSURANCE INFORMATION

Name of Insured: _____ Relationship to Camper: _____

Insurance Company: _____

Policy Number: _____

I am aware that photos and videos may be taken during the course of the camp and may be used for promotional and marketing purposes, and hereby consent to their use by Saint Philip School.

I hereby represent and warrant to Saint Philip School that I have the authority to execute this Participant Permission and Waiver form on behalf of my minor child or ward as parent or guardian, and acknowledge and agree to the terms and conditions set forth herein.

Name of Parent/Guardian (please print) _____

Signature of Parent/Guardian _____

Date _____

This form must be filled out in full and accompanied by a non-refundable deposit of at least \$25 in order for registration to be considered valid and complete. Please make checks payable to Saint Philip School and reference "Cardinal Camps" on the memo line. Forward to the school at 618 Putnam Pike, Greenville, RI 02828.

All Cardinal Camps must be paid in full no later than Thursday, June 16, 2016. Failure to submit full payment by due date may result in your child's spot being offered to a camper on the waiting list. Thank you!

FOR OFFICE USE ONLY

Date Deposit Received: ____/____/____ **Payment Method:** Check # _____ Cash _____

Amount Received: _____ **Balance Due:** _____

Date Balance Paid: ____/____/____ **Amount:** _____ **Check #** _____ **Cash** _____