

**ST JOHNS GRAMMAR SCHOOL SUMMER CAMP 2011 REGISTRATION**

Name of camp: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Parents Name: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Please list any medical conditions, allergies, or medications your child is currently taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information: The following people are authorized to pick up my child(ren):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph, #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph, #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph, #: \_\_\_\_\_

Pediatrician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred hospital in case of emergency: \_\_\_\_\_

I hereby authorize SJGS to transport my child(ren) to a doctor should above contacts be unavailable. I hereby release SJGS from and waive my right to make a claim against SJGS for any liability or damage arising from any injury sustained while participating in any SJGS program or event.

Parents' Signatures: \_\_\_\_\_

I hereby give SJGS permission to use photos of my children for purposes of art, advertising, trade or any other lawful purpose connected with SJGS.

Parents' Signatures: \_\_\_\_\_