

# Participant Registration Form-St. John the Baptist Summer Camp



Dates / Location: **June 10-14, 2019– St. John’s Parish/School**  
 125 N 4<sup>th</sup> Ave.  
 Edgar, WI 54426  
 Contact Number: 715-352-3011--rectory

Please return completed form by: **June 1, 2019. Forms also available at [www.stjohn-edgar.org](http://www.stjohn-edgar.org)**

Fee: \$15/person or \$40/family. Make checks to St. John Parish

**Child’s Information:**

Check here if Child Care Needed (8-9am)	Name(s)	Grade Entering in Fall & Any special needs for transportation?	Allergies or Medical Concerns?

**Family Information:**

Parents/Guardians’ Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: *Hm:* \_\_\_\_\_ *Wk:* \_\_\_\_\_ *Cell:* \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I would be willing to provide a lunch one day of the Summer Camp for the Sisters and children.  
Please circle your possibilities:

PREPARING A LUNCH ON JUNE:            10th   11th   12th   13th   14th

I would be willing to help at the Summer Camp with the Sisters.  
Please circle your possibilities:

HELPING OUT THE SISTERS: AM PM OR BOTH ON JUNE:    10th   11th   12th   13th   14th

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this St. John the Baptist Summer Camp and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the St. John the Baptist Summer Camp Team, or other associated volunteers of the St. John the Baptist Summer Camp program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, and Parish from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of St. John the Baptist Summer Camp.  
Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the St. John the Baptist Summer Camp or for future advertisement of St. John the Baptist Summer Camp programs. Any other use will require your further consent.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**Permission to Use Participant Photos:**

You have my permission to use said participant's photos for commercial purposes (ex: advertising this event in flyers, on the web, etc.).

Initials of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Initials of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_