

**St. Marina Coptic Orthodox Church
Summer Camp Registration 2017**

Please fill out a registration packet for each child.

Child's full name: _____

Grade: _____ Birth date: _____

Home Address: _____ City: _____ Zip Code: _____

Father's Name: _____ Mother's Name: _____

Home Phone: _____ Email Address: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

In case of emergency, if parents can't be reached, please notify:

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

In addition to the parents, list the person(s) your child may be released to:

1. Name/Relationship to student	Phone#	2. Name/Relationship to student	Phone#
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Family Physician: _____ Phone: _____

Address: _____

Health Insurance: Yes No

If yes, Company: _____

Group #: _____ Policy #: _____

Special Medical Conditions of camper such as allergies, diabetes, epilepsy, asthma, bleeding disorder, etc: _____

Current Medications: _____

Summer Club leaders may give the following "over the counter" medications as needed to the child listed above as the recommended doses listed on the containers:

Tylenol Advil Tums Cough Drops Cough Medicine Other: _____

Summer Camp Health and Transportation Agreement

I (we) the parent(s) & or legal guardian(s) of _____

Acknowledge that they are healthy and physically able to participate in the summer camp activities and to be transported to all off-site facilities pertaining to the summer camp activities.

I (we) the parent(s) & or legal guardian(s) of _____ a minor, do hereby authorize St. Marina Coptic Orthodox Church as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of St. Marina Coptic Orthodox Church to give specific consent as his/her judgment may deem advisable.

By giving consent, I am waiving any claims against St. Marina Coptic Orthodox Church or its representatives for personal injury or property damage caused by events or circumstances beyond the reasonable control of the Summer Camp. For the purposes of this waiver and consent, the activities referred to shall include transportation to and from the campus to these activities.

Print Name: _____ Signature of Parent: _____ Date: _____