

One form must be completed for each camper. Please complete all information.

Mail completed registration with payment to:

St. Mary's Summer Camp  
50 Richland Street  
Worcester, MA 01610

### Participant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent/Guardian Email: \_\_\_\_\_  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Grade entering (Fall 2016): \_\_\_\_\_

### Camp Sessions

Indicate which session(s) your camper will attend by circling all that apply.

Session 1: Nature Week  
June 26-30

Session 2: America Week  
July 5-7  
\*Please note: No camp 7/3 or 7/4

Session 3: Chef Week  
July 10-14

Session 4: Sports Week  
July 17-21

Session 5: Space Week  
July 24-28

Session 6: Water Week  
July 31-Aug 4

Session 7: Art Week  
August 7-11

Session 8: Animal Week  
August 14-18

Session 9: Character Week  
August 21-25

For each session selected, indicate which day(s) your child will attend:

Session _____	M T W Th F All	Session _____	M T W Th F All
Session _____	M T W Th F All	Session _____	M T W Th F All
Session _____	M T W Th F All	Session _____	M T W Th F All
Session _____	M T W Th F All	Session _____	M T W Th F All
Session _____	M T W Th F All		

### Parent/Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Cell Home Work  
Secondary Phone: \_\_\_\_\_ Cell Home Work

## Emergency Contact Information/Approved Pick-Up

### Emergency Contact 1

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

Relationship to Child: \_\_\_\_\_

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

Alternate Phone: \_\_\_\_\_

### Emergency Contact 2

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

Relationship to Child: \_\_\_\_\_

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

Alternate Phone: \_\_\_\_\_

Please list below those individuals who are authorized to pick up this child from camp.

1. \_\_\_\_\_

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

2. \_\_\_\_\_

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

3. \_\_\_\_\_

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

4. \_\_\_\_\_

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

## Medical Information

Allergies (food, drug, other): \_\_\_\_\_

N/A

Medical Conditions: \_\_\_\_\_

N/A

Medications: \_\_\_\_\_

N/A

Primary Care Physician: \_\_\_\_\_

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

Insurance Provider: \_\_\_\_\_

Policy No: \_\_\_\_\_

### Participation Agreement

I acknowledge, understand, and accept that, should my child be injured, I will hold harmless St. Mary's Schools for injuries or damages from the result of participation. Summer Camp staff have my permission to call Emergency 911 and/or to send my child to a hospital or emergency care facility, and the hospital and medical staff have my authorization to provide emergency treatment for the well-being of my child. I agree to abide by all posted, written, or verbally communicated rules and regulations administered by the Camp staff concerning this program.

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

\_\_\_\_\_  
Date