

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 2018): _____

Camp Sessions

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

| | | |
|--------------------------------------|--|---|
| Session 1: Chef Week June 25-29 | Session 2: America Week July 2-6 | Session 3: Nature Week July 9-13 |
| Session 4: Sports Week July 16-20 | Session 5: Space Week July 23-27 | Session 6: Water Week July 30-Aug 3 |
| Session 7: Art Week August 6-10 | Session 8: Animal Week August 13-17 | Session 9: Character Week August 20-24 |

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