

CAMP ST. VINNY'S APPLICATION

August 6-9, 2018

APPLICANT INFORMATION

Bring with child the day we leave for camp (August 6, 2018)

Child's name:

Date of Birth:

Age:

Grade:

Gender:

SSN:

RESIDENCE OF PARENT AND/ OR LEGAL GUARDIAN— WHO IS CHILD CURRENTLY LIVING WITH?

(Last Name) (First) (MI) (Relationship)

Home Mailing Address:

Physical Address:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Cell/ Message Phone:

MEDICAL INFORMATION

Does your Child have any allergies? If "YES" please describe them: _____

Does your child have any physical, emotional or mental disabilities which may require special attention?:

List any medications that your child needs to take daily:

EMERGENCY CONTACT AND AUTHORIZED PICK UP PERSON

Name of relative not residing with you:

Relationship:

Physical Address:

Phone Number:

City:

State:

Zip Code:

LIST FAMILY MEMBERS WHO MAY NOT HAVE CONTACT WITH THE CHILD

NAME	Identify Relationship	Age	Gender

I understand and certify that my child's participation in Camp St. Vinny's and its activities is completely voluntary. I have familiarized myself with the camp's program and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent in the camp events and programs and particularly, but not limited to horse riding, swimming, hiking, and other program activities. I acknowledge that although camp participants cannot insure nor guarantee that the participants, equipment, premises and/ or activities will be free of hazards, accidents and/ or injuries.

Signature of Applicant:

Date:

Signature of Parent/ Guardian:

Date: