

# Summer Camp Registration

Student Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (Fall of Current Year) \_\_\_\_\_

School Currently Attending \_\_\_\_\_  Male  Female

Camp Registering for: \_\_\_\_\_ Cost: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Shirt size: (Child's) S M L XL (Adult) S M L XL XXL
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*Please make checks payable to RSMCS with the name of the camp your son/daughter is attending.*

*You may drop off or mail payment and registration form to RSMCS Regis Campus, 550 W Regis Street Stayton, OR 97383*

*We, the undersigned parents or guardians, hereby grant permission for our child, \_\_\_\_\_ to participate in the RSMCS Regis Campus Summer Camp. In consideration for being permitted to use the facilities, I hereby release RSMCS Regis Campus and its trustees, administrators, and employees from any and all liability for any damage or injury that any participant or my child may receive while on the premises of said school, both as to any right of action that may accrue to myself, my heirs and personal representative. This release includes all claims, demands, rights and causes of whatsoever kind of nature, arising from, and by reason of, any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and the consequences thereof, that hereafter may be sustained.*

*It is further understood and agreed that I hereby authorize the Archdiocese of Portland & RSMCS Regis Campus and its employees to secure the necessary services for my child in the event of an accident or illness. Further, I will be solely responsible for the payment of those services.*

Insurance Carrier: \_\_\_\_\_ Group or ID # \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Dr. Phone #: \_\_\_\_\_

Allergies/Illnesses \_\_\_\_\_

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

Form to be kept for three years

**For office use only:**

Check No:

Amount: \$

Camp Attending: