

# JUNIOR HIGH SUMMER CAMP

June 20th-24th, 2016

*For young people grades 6-8 in fall*

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE IN FALL \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

SHIRT SIZE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_

ANY KNOWN ALLERGIES: \_\_\_\_\_

ANY MEDICATION TAKEN DURING CAMP: \_\_\_\_\_

ANY MEDICAL PROBLEMS CAMP STAFF SHOULD BE AWARE:

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In the event reasonable attempts to contact me at the above phone numbers are unsuccessful, I hereby give my consent for the administration of any medical or dental treatment deemed necessary. I agree not to hold Church of the Resurrection, its staff or volunteers liable for any medical bills or injuries that may incur at camp, This includes transportation by private car to and from camp activities.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

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We need your help! Church of the Resurrection Summer camp will be run by a team of high school counselors and adult chaperones. However your involvement is absolutely NEEDED. Joining us at various times during the week will give you the opportunity to share your talents and resources with our young people. Thank you in advance for any help you can provide..

**We are always in desperate need of drivers!!!!**

**If your Son or daughter is signed up for summer camp you MUST sign up for one day of driving!**

I am able to drive and chaperone on (please circle one or more). I have room for \_\_\_\_\_ young people

Monday Tuesday Wednesday Thursday Friday

NAME \_\_\_\_\_ PHONE (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Registration form and the fee of \$100.00 are due in the Parish Office by June 13th, 2016