

## SJNRS Summer Camp Registration Form

Please complete this form for office use. This information is necessary should we need to contact you while your child is in our care. No child will be allowed to participate without this form being completed and signed by the parent or guardian. The information on this form is considered confidential and will stay in the School Office.

Permission is granted for: \_\_\_\_\_  
(Name of Student) PLEASE PRINT

To participate in a four-day camp at the Palmerton campus of Saint John Neumann Regional School, located at 259 Lafayette Ave., Palmerton, PA 18071 on the dates and camps selected below. **The cost is \$50 per student - per camp.**

- ☐ **Basketball Camp:** ages 5 - 14 Camp Dates: July 10 - 14 from 12:30pm - 3:30pm
- ☐ **Art Camp:** ages 5 - 9 Camp Dates: July 10 - 14 from 12:30pm - 3:30pm
- ☐ **Cheerleading Camp:** ages 5 - 14 Camp Dates: July 17 - 21 from 12:30pm - 3:30pm
- ☐ **Technology Camp:** ages 8 - 14 Camp Dates: July 17 - 21 from 12:30pm - 3:30pm
- ☐ **Art Camp:** ages 10 - 14 Camp Dates: July 24 - 28 from 12:30pm - 3:30pm
- ☐ **Basketball Camp:** ages 5 - 14 Camp Dates: July 24 - 28 from 12:30pm - 3:30pm
- ☐ **Art Camp:** ages 10 - 14 Camp Dates: July 31 - August 3 from 12:30pm - 3:30pm
- ☐ **Chess Camp:** ages 10 - 14 Camp Dates: July 31 - August 3 from 12:30pm - 3:30pm

**T-shirt size:** ☐ Youth S ☐ Youth M ☐ Youth L ☐ Adult S ☐ Adult M ☐ Adult L ☐ Adult XL

**A \$50 non-refundable check or cash is included with my signed registration form.** Yes ☐ No ☐

### PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Please provide the information requested below, as it may be needed in case of an emergency.

Student's Date of Birth \_\_\_\_\_

Allergies and/or Conditions requiring special consideration (medical/physical): \_\_\_\_\_

Does your student require: (A) **Epipen** Yes ☐ No ☐ (B) **Inhaler** Yes ☐ No ☐ (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration): \_\_\_\_\_

Primary contact name \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone/Pager #: \_\_\_\_\_

Secondary contact name \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone/Pager #: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**TO ANY DOCTOR OR HOSPITAL:** I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this camp.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

(PLEASE PRINT)

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

