

Camper Registration

(Each camper must have registration form filled out *completely*)

Parent/Guardian _____

Camper _____

Address _____ Phone _____

Parent Work _____

(Circle) Male Female Date of Birth ____/____/____

Grade ('10-'11) _____ School: _____

Swim Level Unknown Non-swimmer Beginner

Advanced Beginner Intermediate Advanced

Family Physician: Name _____ Phone _____

Emergency Contact: Name _____ Phone _____

CONFIDENTIAL HEALTH INFORMATION

Does your child attend either a public or a private school in Maryland? YES NO-If no, you must provide current immunization information from your doctor before the first day of camp.

Please provide the date of the child's last tetanus immunization. ____/____/____

Does the camper take medication? YES NO If yes, please give name of medication, dosage, times: _____

Does the camper have allergies? YES NO If yes, please list and give treatment: _____

Does the camper need special assistance or accommodations for the camp activities? YES NO If yes, please elaborate: _____

Are you a Knights of Columbus member? Yes No Card # _____

INSURANCE: I hereby inform the Knights of Columbus that I will assume any and all medical coverage for the above named participant and that said coverage shall be adequate to cover any and all possible accidents or injuries to the above named participant received during any phase of this program.

RELEASE: I hereby release and agree to hold harmless the Knights of Columbus, its employees, volunteers, and other participants from any act of commission or omission which may result in any personal injury or property damage arising out of the above named participant's participation in this program. I further agree to save harmless the Knights of Columbus, its employees, volunteers, and other participants from all losses, costs, and expenses (including attorney's fees and court costs), settlement payment (whether or not reduced final judgment) and all liabilities,

PARTICIPATION AND POLICIES: I give my child permission to participate in all camp activities including swimming. I also acknowledge that I have read and understand the parent policies (located at <http://kofccamp.blogspot.com>)

Parent Signature _____

Date _____

Circle Session Numbers: 1 2 3 4 5 6 7 8 9

Before-care: Yes No

After-care: Yes No

Do you need a receipt once camp is over? Yes No