



# SAINT JOSEPH'S EPISCOPAL SCHOOL

3300 B South Seacrest Boulevard, Boynton Beach, FL 33435-8661

Eric Keiper, Director • Taz Alam, Associate Director

Camp Cell Phone (561) 389-7024

SUMMER CAMP 2011 APPLICATION				
<b>CAMPER INFORMATION</b>				
Name:		Date of Birth:		Age:
Current Address:				
City:	State:		Zip Code:	
Medications:			School Attending:	
<b>MOTHER'S INFORMATION</b>				
Name:		Employer Name:		
Address:			Work Phone:	
City:	State:		Zip Code:	
Home Phone:	Cell Phone:		E-Mail:	
<b>FATHER'S INFORMATION</b>				
Name:		Employer Name:		
Address:			Work Phone:	
City:	State:		ZIP Code:	
Home Phone:	Cell Phone:		E-Mail:	
<b>EMERGENCY CONTACT</b>				
Name:			Relationship:	
Address:			Phone:	
City:	State:		Zip:	
<b>PEDIATRICIAN INFORMATION</b>				
Name:			Phone:	
Address:			Fax:	
City:	State:		Zip Code:	
<b>MEDICAL INSURANCE INFORMATION</b>				
Member Name:		Member ID:	Group Number:	
Group Name:		Employee Name:	Relationship:	
Insurance Company:		Customer Service Number:		
<b>ALLERGIES OR SPECIAL MEDICAL CONCERNS</b>				
<b>DISMISSAL RESPONSIBILITIES</b>				
Name:		Relationship:		
Address:				
City:	State:		Zip Code:	
Home Phone:	Cell Phone:		Work Phone:	
Make:	Model:	Color:	License Plate #:	

**SUMMER CAMP 2011 APPLICATION**

**DISMISSAL REPOSIBILITIES CONTINUED**

Name: Relationship:

Address:

City: State: Zip Code:

Home Phone: Cell Phone: Work Phone:

Make: Model: Color: License Plate #:

Name: Relationship:

Address:

City: State: Zip Code:

Home Phone: Cell Phone: Work Phone:

Make: Model: Color: License Plate #:

**POLICY STATEMENT**

**Campers must register for a minimum of one week with exception of Wacky Water Wednesdays. It is recommended that campers attend two-week sessions in order to get the most of their experience as our activities, both athletic and artistic, are generated in two-week cycles.** There are NO refunds for any reason, including but not limited to: summer school, sickness, separation anxiety, vacation, injury, or non-compliance with camp rules. Only for an extended absence (a full camp week) due to illness or family emergencies will a CREDIT applicable to future camp sessions be granted. Individual days missed during any week cannot be made up during later weeks. THERE WILL BE NO CASH REFUNDS. In the event that the National Hurricane Center broadcasts a hurricane warning for South Florida, Saint Joseph’s Episcopal School Summer Camp will cancel its program for the duration of the inclement weather. A 50% refund will be issued if Summer Camp is closed for more than three days.

\_\_\_\_\_My initials to the left indicate I have read and agree to abide by the camp refund policy.

**SIGNATURES**

The undersigned hereby:

1. acknowledges that camp and aftercare fees are due and payable in full **prior to attendance**, and a credit card must be on file for part-time aftercare;
2. certifies that the Camper registered on this form is in good health and with no medical condition which would prohibit vigorous participation in the registered program(s);
3. agrees to be responsible for any loss, damage, or destruction by our Camper to any property of the Camp or to any property for which the Camp is liable or chargeable;
4. consents to the full participation of the aforementioned Camper in the registered program(s), fully recognizing and accepting the inherent risks involved in such activities;
5. releases and holds harmless, Saint Joseph’s Episcopal School, its officers, employees, representatives, agents, successors, and assigns from all liability for any injury or damage to person or property, howsoever caused, resulting from participation by the aforementioned camper in the program(s);
6. permits emergency medical treatment to be authorized in the event parents or guardian cannot be reached and accepts responsibility for the payment of such bills;
7. understands that Saint Joseph’s Episcopal School Summer Camp may unilaterally dismiss a camper should it determine that the conduct of the Camper is not in the best interest of the Camp;
8. grants permission of the use of my Camper’s photograph(s) in camp promotional publications.

Signature of Parent: Date:

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