



Sts. Peter and Paul Greek Orthodox Church Vacation Church Camp 2015 Registration Form

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Last Name: _____ First Name: _____
Grade in September: _____
Address: _____
Home Telephone #: _____ Work/Cell #: _____
Name of Parents: _____
Primary Contact: _____ Alternate Contact: _____
Any other person who may pick-up or drop-off your child: _____
Family Doctor: _____ Phone #: _____
Health Card #: _____ Letter Code: _____
Allergies/Health or Other Concerns: _____
Email Address: _____

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AUTHORIZATION AND CONSENT:

I give permission to the staff to arrange for any emergency medical care including hospitalization if necessary. I understand that in all cases, the staff will contact the parent first. Medical coverage for the camper is my responsibility. I hereby release the Sts. Peter and Paul Greek Orthodox Church/Vacation Church Camp staff from all claims arising from participation in any camp activity. I recognize that the Vacation Church School is not responsible for lost or stolen personal articles.

Signature of Parent or Guardian: _____