



## SAINT JOSEPH'S EPISCOPAL SCHOOL

3300 South Seacrest Boulevard, Boynton Beach, FL 33435-8661  
561-732-2045 Eric Keiper Director Taz Alam Assoc. Director

SUMMER CAMP 2010 APPLICATION					
CAMPER INFORMATION					
Name:		Date of Birth:		Age:	
Current Address:					
City:		State:		Zip Code:	
Medications:			Allergies:		
MOTHER'S INFORMATION					
Name:			Employer Name:		
Address:				Work Phone:	
City:		State:		Zip Code:	
Home Phone:		Cell Phone:		E-Mail:	
FATHER'S INFORMATION					
Name:			Employer Name:		
Address:				Work Phone:	
City:		State:		ZIP Code:	
Home Phone:		Cell Phone:		E-Mail:	
EMERGENCY CONTACT					
Name:			Relationship:		
Address:				Phone:	
City:		State:		Zip:	
PEDIATRICIAN INFORMATION					
Name:				Phone:	
Address:				Fax:	
City:		State:		Zip Code:	
MEDICAL INSURANCE INFORMATION					
Member Name:		Member ID:		Group Number:	
Group Name:		Employee Name:		Relationship:	
Insurance Company:		Customer Service Number:			
CAMP SIGN-UP					
	<u>Camp</u>	<u>Aftercare</u>		<u>Camp</u>	<u>Aftercare</u>
June 21 – June 25	_____	_____	July 19 – July 23	_____	_____
June 28 – July 2	_____	_____	July 26 – July 30	_____	_____
July 6 – July 9 (\$175)	_____	_____	Aug 2 – Aug 6	_____	_____
July 12 - July 16	_____	_____	Aug 9 – Aug 13	_____	_____
T-Shirt Size XS S M L XL - \$9 each <i>Must be worn daily with gym shorts and sneakers.</i>			<b>TOTAL:</b> _____ <b>CAMP Tuition + Aftercare + T-shirts</b>		

**SUMMER CAMP 2010 APPLICATION****ALLERGIES OR SPECIAL MEDICAL CONCERNS**


**DISMISSAL RESPONSIBILITIES**

Name:		Relationship:	
Address:			
City:		State:	Zip Code:
Home Phone:		Cell Phone:	Work Phone:
Make:	Model:	Color:	License Plate #:

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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**

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 hold 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:
Signature of Parent:	Date: