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| **CHRIST THE REDEEMER****SUMMER CAMP 2023****July 10-14**8:45am - 3:00pm**(ONE registration form for EACH child)**Place: Sacred Heart Church, Manville, NJ.For Children: **Completed** Pre-K through **completed** 5th grade.Fees: First child - $130; 2nd - $110; 3rd - $90; and all other siblings - $75.  **By April 1-$110; 2nd-$90; 3rd-$80; and all other siblings-$65**Includes: Lunch, Snacks, Supplies, Trip, and Prizes.Registration: Christ the Redeemer Office at 908-725-0072or email Mary Ellen Day at ctrcamp@yahoo.com.Please make checks payable to Christ the Redeemer Church.**Registration closes on Friday June 9, 2023 \*\*\*NO EXCEPTIONS!!!!**T-Shirts (circle one size): Youth Size: **Small** **Medium** **Large** Adult Size: **Small** **Medium** **Large** |
| **PERSONAL INFORMATION** |  | **MEDICAL INFORMATION** |
| Name: |  |  | Pediatrician: |  |
| Age: |  |  | Male/Female |  | Pediatrician’s Phone: |  |
| Grade Completed: |  |  | Health Insurance Company: |
| Parent: |  |  |  |
| Address: |  |  | Policy Number: |
| City: |  |  |  |
| State/Zip: |  |  | Known Allergies:  |  |
| Phone: Day: |  |  |  |
|  Night: |  |  |  |
|  Cell: |  |  |  |
|  E-Mail: |  |  |  |
| **EMERGENCY CONTACT** |  | Other medical concerns: |
| Name: |  |  |  |
| Phone: |  |  | Should emergency medical treatment be necessary, and I am unable to be contacted immediately, I authorize the staff member of the Christ the Redeemer Summer Camp to act on my behalf and approve appropriate treatment.I specifically waive claim or claims that may be derived from any accident of injury sustained by my son/daughter enroute, during and returning from all events and agree to indemnify and save Christ the Redeemer Church and all adult supervisors working on this parish’s behalf. |
| Does this person have your authority to give permission for medical treatment in case ofan emergency? |  |
|  YES NO (circle one)I hereby request that my son/daughter participate in Summer Camp sponsored by the Christ the Redeemer in Manville, NJ.  |  |
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| Parent/Guardian First and Last Name |  | Parent/Guardian Signature and Date |

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