



ENROLLMENT FORM

3089 Emerald Street, Philadelphia

(215) 425-2933

The information that is provided by this form is gathered to assist us in identifying appropriate care for those who attend camp in case of medical emergency. This form should be completed and signed by all participants. When this form is completed for youth under the age of 18, a parent/guardian signature is required, otherwise this form will be deemed invalid. Those representing camp in an official capacity at all events have the right to refuse any attendees who do not provide this information before or during registration for a particular event or activity.

PARTICIPANT INFORMATION

Please print legibly.

Full Name _____ Nickname _____ Date of Birth ____ / ____ / ____

Age ____ Grade last completed ____ Gender: M F

Parent/guardian name(s) _____

Address _____ City _____ State _____ ZIP _____

Email _____ Phone _____

EMERGENCY CONTACT INFORMATION

Name _____ Relation to participant _____

Home phone _____ Cell phone _____

Other than parent(s)/guardian(s) listed on this form, who may pick up your child from camp? (Please list name and relation): _____

MEDICAL INFORMATION

Is the participant covered by family medical/hospital insurance? Y N

If yes, please indicate carrier or plan name _____ Group # _____

Carrier address _____ Phone # _____

Name of insured _____ Insurance ID Number _____

Please list any known allergies (food, insects, medication, etc.):

Please indicate any other known medical conditions that we should be aware of (seizures, diabetes, asthma, etc.):

Please indicate anything else about the participant that camp staff may need to be aware of:

(Please fill out Parent/Guardian Authorization on the reverse side of this form.)



PARENT/GUARDIAN AUTHORIZATION

In case of a medical emergency, I give permission to have my child and/or myself to be evaluated and treated by qualified medical personnel. I understand that every attempt will be made to notify me/others identified by the information provided by me on this document in such an event. The adults in charge have my permission to authorize any further medical care, which in their judgment, they deem necessary and to sign and medical forms necessary on (my child's/my) behalf.

Transportation Release: I understand that camp programming may include transportation to and from the location of an event or activity. I give permission for my student/myself to be transported by camp to and from programming during camp. Media release: In the course of camp activities, media may be used by diocesan staff or other committee members. I give The Episcopal Diocese of Pennsylvania and Free Church of St. John the right and permission to publish, copyright, and use any and all pictures taken of the participant named above.

Parent/Guardian Signature

Parent/Guardian Name

Date

CUSTODIAL PARENT/GUARDIAN SIGNATURE REQUIRED FOR ALL YOUTH UNDER 18 YEARS OF AGE.

For more information or questions, please call (215) 425-2933