

# Mother of God Summer Youth Camp 2008 – Registration Form

Name of Child: \_\_\_\_\_ Grade (spring 2008): \_\_\_\_ School: \_\_\_\_\_

Home address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Father's name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

## Medical Information

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health insurance co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Child's medical needs or conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Date of Last Tetanus booster \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

## In case of emergency, please contact:

#1 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

## Liability Release Form

I, \_\_\_\_\_ (print name), give permission to my above-named son/daughter to attend the Mother of God Summer Youth Camp to be held on July 21-25<sup>th</sup>, 2008. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated and/or given medication in accordance with standard medical practice by appropriate health care personnel. I give my permission to Mother of God Community and its agents to share and disclose health and medical information for the treatment and care of my child and do disclose this information to chaperones who are responsible for my child. I release Mother of God Community and its agents of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

My child agrees to abide by all the rules and regulations stated by Mother of God Community and the staff. I understand that Mother of God Community will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the camp.

X \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian

*Please fill out this form completely and mail with check to:*  
Mother of God Community/Summer Camp  
20501 Goshen Road, Gaithersburg, MD 20879

**Camp Fees:** \$340 for first child in family;  
\$275 for second child; \$200 for third or fourth child  
Early bird discount (payment by May 16): \$30 off each child  
**REGISTRATIONS DUE BY JUNE 30th**