



Camp Auxilium

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 www.campauxilium.org
 Contact **Melanie Curreri**
 Email: summercamp@campauxilium.org

Office Use Only		
Group Number		BC
Registration Paid		GC
Date Received		LC
Other Payment		

CAMPER REGISTRATION 2011

Camper's Last Name		First Name	
Address			
Date of Birth	Grade Completed	Age	<input type="checkbox"/> Female
Catholic Yes No	First Eucharist Yes No		<input type="checkbox"/> Male
Parent/Guardian			
Home Phone		Work Phone	
Cell Phone		E-mail (for billing purposes)	
Emergency Contact Information—Please list contacts other than yourself			
Name		Name	
Relation		Relation	
Home Phone		Home Phone	
Cell	Work	Cell	Work

**Please check the desired weekly sessions.
 Accommodations for your child are based on the weeks you check below, therefore you agree to pay for those specific weeks only.**

**Incomplete Registrations will NOT be processed!
 \$75 Non-Refundable Registration Fee (or \$40 Early Registration Fee, by June 1st) &
 ONE Weeks Tuition Must Be Submitted with application.**

Week	Payment Due Dates	Please Circle Number of Days Attending	
<input type="checkbox"/> Week 1: June 20—June 24, 2011	June 1 st	3	5
<input type="checkbox"/> Week 2: June 27—July 1, 2011	June 1 st	3	5
<input type="checkbox"/> Week 3: July 4—July 8, 2011 (Camp Closed 7/4)	June 1 st	3	5
<input type="checkbox"/> Week 4: July 11—July 15, 2011	June 20 th	3	5
<input type="checkbox"/> Week 5: July 18—July 22, 2011	June 20 th	3	5
<input type="checkbox"/> Week 6: July 25—July 29, 2011	July 7 th	3	5
<input type="checkbox"/> Week 7: August 1—August 5, 2011	July 7 th	3	5

- As a parent/guardian of the applicant, I agree to the terms and regulations of the Camp Auxilium website and the Camp's policies .
- I am aware of the various activities that are part of the Camp Auxilium Program and allow my child(ren) to participate in these activities. If I do not want my child(ren) to take part in a particular activity, I will notify the Camp Director in writing.
- I give Camp Auxilium the absolute right and permission to use my child's photograph(s) in its promotional materials and publicity efforts in videos, web sites, flyers, poster, brochures, newspapers, ads, or other forms of promotion. I release Camp Auxilium, the photographer, employees and agents from liability for any violation of any personal or proprietary right I may have in connection with such use.

Signature: _____

Date: _____

HEALTH HISTORY FOR: _____

****Must be completed for all campers along with Updated Immunization Records
(PLEASE NOTE RECORDS FROM PRIOR SEASON ARE NOT RETAINED)***

Health	Approximate Date
<input type="checkbox"/> Ear Infections	
<input type="checkbox"/> Asthma	
<input type="checkbox"/> Insect Stings (<i>allergies</i>)	
<input type="checkbox"/> Measles, Mumps, Rubella	
<input type="checkbox"/> Rheumatic Fever	
<input type="checkbox"/> Hay Fever, Seasonal Allergies	
<input type="checkbox"/> Penicillin (<i>allergies</i>)	
<input type="checkbox"/> Lyme Disease	
<input type="checkbox"/> Convulsions	
<input type="checkbox"/> Poison Ivy, Oak, etc. (<i>allergies</i>)	
<input type="checkbox"/> Chicken Pox	
<input type="checkbox"/> Special Dietary Needs or Restrictions (<i>Please list</i>)	
<input type="checkbox"/> Operations or Serious Injuries (<i>Please list</i>)	
<input type="checkbox"/> Chronic Illness or condition (<i>Please list</i>)	
<input type="checkbox"/> Behavioral Issues	
<input type="checkbox"/> Physical limitations	
<input type="checkbox"/> Medication/Treatments (<i>Please List</i>)	
<input type="checkbox"/> Allergies (<i>Please list any diagnosed allergies</i>)	

Parents' Authorization--This Health History is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached for emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named on the reverse. I further authorize the Camp Director or her designee to provide over-the-counter medication to my child in case of necessity, according to the Camp Physician's Standing Orders.

Parent Signature _____

Date _____