

SUMMER
Sanctus

NO. 4

JULY 25-28, 2011

Registration Form

Submit one form per camper and mail with registration fee to:

Auburn Avenue Presbyterian Church
Attn: Summer Sanctus
224 Auburn Avenue
Monroe, LA 71201

Include \$175 (if registering early by June 17th) or \$190 (if registering later—final registration deadline is July 8th); include \$50 if you are registering as a camp counselor. Registration fee includes a three-night stay, all meals at the camp, and a camp t-shirt.

I am registering as a _____ camper _____ counselor.

(Check one. Campers must be between 13–19 years old at time of camp, and counselors must be older than 25. Because of limited space, the counselor's registration must be approved by the camp directors. Submit the registration form below and we will respond promptly. We will return your check if our spots for counselors are filled.)

Name: _____

Address: _____
Street City State ZIP

Email Address: _____

Birthdate: _____ Male or Female: _____

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Contact: _____

(turn over)

Health Insurance Provider: _____

Policy Number: _____

List any medications and special instructions: _____

T-Shirt Size: (circle one) SM MED LG X-LG XX-LG

Parent or Guardian, please read and sign.

I have read the camp handbook thoroughly and understand and agree with the disciplinary policy. I understand that should my child be dismissed from the camp early, I will have to make the necessary travel arrangements for their return home.

Initial _____

As a legal guardian I give permission for my child to participate in the activities of this camp. I will not allow my child to attend if he or she is not in good physical condition. In the event of an emergency, when the undersigned person, or other contact provided cannot be reached, I give permission for the camp authorities to take any emergency measures deemed appropriate. It is understood that all reasonable efforts will be made to contact the parent/guardian. I agree that the camp, its counselors, and leaders are released from liability in connection with medical treatment and accidents.

Signed _____ Date _____