



# Trinity Knights' Summer Camp 2022

## REGISTRATION FORM

*How to register:* Please fill out the form below and check the box for each week that your child will be attending camp. Camp hours are 8:30am to 4:30pm Monday - Friday. Dropoff begins at 7:30am and pickup ends at 5:30pm. There is a registration fee of \$25 per family. Session fees must be paid in full by the start of each week.

Child's Name \_\_\_\_\_ Name child goes by \_\_\_\_\_

D.O.B. \_\_\_\_\_ Gender \_\_\_\_\_ Child's Tshirt Size (Youth XS - Adult L) \_\_\_\_\_

Child's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Parent Email(s) \_\_\_\_\_

Please indicate which age group your child will be registered in:

Junior Camper  
(Rising PK4 - 1<sup>st</sup>)

Camper  
(Rising 2<sup>nd</sup> - 5<sup>th</sup>)

Counselor-in-Training  
(Middle School)

Session	Dates:	Session Cost :	Attending (Please <input type="checkbox"/> ):
1	June 06-10	\$200	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	June 13-17	\$200	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	June 20-24	\$200	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	June 27-July 1	\$200	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	July 05-08 (closed July 4 <sup>th</sup> )	\$200	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	July 11-15	\$200	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	July 18-22	\$200	<input type="checkbox"/> Yes <input type="checkbox"/> No

Registration Fee  
(\$25 per family)

Sibling Discount  
(\$25 off each additional child per session)

TOTAL DUE = \$ \_\_\_\_\_ AMOUNT PAID = \$ \_\_\_\_\_ PAYMENT:  Cash

Check No. \_\_\_\_\_

I have read the camp handbook. I understand and agree to the camp policies listed within.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# Trinity Knights' Summer Day Camp 2022

## GENERAL RELEASE FORM

I, the undersigned, as a parent or legal guardian of \_\_\_\_\_, who has been accepted for admission to Trinity Knights' Summer Day Camp (TCS Summer Day Camp), hereby state my preferences by execution of this form which relates to general policies of the TCS Summer Day Camp and specific permissions for medical treatment, videotaping and photographing, and participation in routine camp activities on camp premises and field trips. I further understand and agree to comply with the registration, payment structure, and disciplinary policies and procedures of the TCS Summer Day Camp and understand that enrollment and attendance of my child at TCS Summer Day Camp may be terminated at any time when it appears, with the full discretion of the Camp Director or the Principal of Trinity Catholic School, that such termination will be in the best interest of said child OR of the other children attending the TCS Summer Day Camp.

### GENERAL PERMISSION FOR PHOTOGRAPHING

Please check below as to whether your child has permission to be videotaped or photographed.

<input type="checkbox"/> Yes <input type="checkbox"/> No	My child may be photographed and videotaped during regular camp activities. These tapes and photographs may be used by TCS Summer Day Camp or Trinity Catholic School, for advertising or publicity purposes. The School may provide copies of this form to media and others as needed.
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### GENERAL NOTIFICATION FOR STUDENT PICK-UP

I understand that, if there are persons known to me who might attempt to contact or remove my child from school but have NO LEGAL RIGHT to do so, it is my responsibility to identify them to the TCS Summer Day Camp by a separate writing.

#### Transportation Release:

Please list persons authorized to pick up your child from the TCS Summer Day Camp on the Pick-Up Authorization Form. *We cannot allow anyone to pick up your child unless listed on the Authorization Form or we have a note from a parent or guardian.*

### MEDICAL RELEASE

I understand that I need to complete the separate Medical Form. My child has permission to engage in all prescribed camp activities except as noted in writing.

If a medical situation arises concerning my child and the TCS Summer Day Camp deems it necessary or prudent to seek professional medical assistance, and I am unable to be reached I hereby give permission to the TCS Summer Day Camp to provide emergency care to my child.

*Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Witness's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_



# Trinity Knights' Summer Day Camp 2022

## PICK-UP AUTHORIZATION FORM

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_

My child is attending Trinity Knights' Summer Day Camp. I authorize the following individuals to pick-up my child from camp. Please also include all authorized parents.

Name	Relationship

*I understand that Trinity Knights' Summer Day Camp cannot allow anyone to pick up my child unless he/she is listed above. In order to add or delete an individual to this list, that request must be submitted in writing (and signed by a parent or guardian) to the Camp Director.*

Additional Comments:

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Trinity Knights' Summer Day Camp 2022

## Medical Form

Child's Name \_\_\_\_\_ Name called \_\_\_\_\_ Gender \_\_\_\_\_  
 Child's Address \_\_\_\_\_ City \_\_\_\_\_ St/Zip \_\_\_\_\_  
 Child Lives With \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
*(Fall 2022-Spring 2023)*

Mother's Name _____	Father's Name _____
Mother's Home Phone _____	Father's Home Phone _____
Mother's Daytime Phone _____	Father's Daytime Phone _____
Mother's Cell Phone _____	Father's Cell Phone _____
Mother's E-mail _____	Father's E-mail _____

*If Parent/Guardian is not available for an emergency, please notify:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

### Health History

Physician \_\_\_\_\_ Dentist \_\_\_\_\_  
 Physician Office Phone \_\_\_\_\_ Dentist Office Phone \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Surgery or serious injuries (date/type): \_\_\_\_\_  
 Other diseases/conditions: \_\_\_\_\_  
 Any restricted activities: \_\_\_\_\_  
 Medications taken on a daily basis/reason: \_\_\_\_\_

Vaccinated: *Please attach FORM DH680 as proof of current vaccinations if one is not already on file.*



# Trinity Knights' Summer Day Camp 2022

Child Name: \_\_\_\_\_

## Insurance

Do you carry family medical/hospital insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", Insurance Carrier \_\_\_\_\_ Group/Policy Number \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please use the space below to list any additional medical information for the Camp Director:*

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