



Trinity Knights Summer Camp 2024

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 7:30am to 5:30pm Monday - Friday. 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 T-shirt Size (Youth XS - Adult L) _____

Child's Address _____

Parent Name(s) _____

Primary Phone _____ Secondary Phone _____

Parent Email(s) _____

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

- Junior Camper (PK4 - 1st)
 Camper (2nd - 5th)
 Counselor-in-Training (Middle School)

	Dates:	Theme:	Session Cost :	Attending Please ✓:
1	June 3 - June 7	Hello, Summer!	\$215	<input type="checkbox"/>
2	June 10 - June 14	Fairytale Knights	\$215	<input type="checkbox"/>
3	June 17 - June 21	Super Spies	\$215	<input type="checkbox"/>
4	June 24 - June 28	Great Outdoors	\$215	<input type="checkbox"/>
5	July 1 - July 3 (Half Week, No Field Trip)	Red, White & Blue	\$115	<input type="checkbox"/>
6	July 8 - July 12	Shipwrecked	\$215	<input type="checkbox"/>
7	July 15 - July 19	Trinity Olympics	\$215	<input type="checkbox"/>
8	July 22 - July 26	Lights, Camera, Action	\$215	<input type="checkbox"/>

Registration Fee - \$25 per family

Sibling Discount - \$25 off each additional child

TOTAL DUE: \$ _____ AMOUNT PAID:\$ _____ Cash Check No. _____

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

Parent/Guardian Signature _____ **Date** _____



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GENERAL RELEASE FORM

I, the undersigned, as a parent or legal guardian of , who has been accepted for admission to Trinity Knights Summer Camp (TCS Summer Camp), hereby state my preferences by execution of this form which relates to general policies of the TCS Summer 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 Camp and understand that enrollment and attendance of my child at TCS Summer 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 Camp.

GENERAL PERMISSION FOR PHOTOGRAPHING

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

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

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 Camp by a separate writing.

Transportation Release:

Please list persons authorized to pick up your child from the TCS Summer 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 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 Camp to provide emergency care to my child.

Parent/Guardian Signature _____ **Date** _____

Witness's Signature _____ **Date** _____



Trinity Knights Summer Camp 2024

PICK-UP AUTHORIZATION FORM

Child's Name _____ Grade (2024-2025) _____

My child is attending Trinity Knights Summer 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 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:

Parent/Guardian Signature

Date



Trinity Knights Summer Camp 2024

Medical Form

Child's Name _____ Name called _____ Gender _____

Child's Address _____ City _____ State/Zip _____

Child Lives With _____ Birthdate _____ Grade _____

(Fall 2024-Spring 2025)

Mother's Name _____ Father's Name _____

Mother's Phone _____ Father's Phone _____

Mother's Phone _____ Father's Phone _____

Mother's Email _____ Father's Email _____

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

Name _____ Relationship _____

Phone _____ Alternate Phone _____

Name _____ Relationship _____

Phone _____ Alternate Phone _____

Name _____ Relationship _____

Phone _____ Alternate Phone _____

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: _____



Trinity Knights Summer Camp 2024

Medical Form (continued)

Vaccination

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

Insurance

Do you carry family medical/hospital insurance? Yes _____ No _____

If "Yes", Insurance Carrier _____ Group/Policy Number _____

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

Parent/Guardian Signature: _____ Date: _____