

CAMP MOUNT MICHAEL - ST. JOHN REGISTRATION 2010

Camper Name: _____ Birthday: _____ Age: _____

School Attended 2009-2010: _____ Grade in Fall: _____

Number of years at Camp Mount Michael - St. John: _____

T-Shirt Size: Youth Size: _____ Adult Size _____

Please put my son in the same group as: _____

Parent/Guardian: _____ Business Phone: _____

E-Mail: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

How did you hear about Camp Mount Michael - St. John? _____

Did someone refer you to Camp Mount Michael - St. John? _____

Would you be interested in receiving information in the future about Mount Michael High School?: _____

Camping Sessions 2010 – Each session is \$280 per week. Please mark 1st, 2nd and 3rd choice.

- I. June 27- July 2 ___ II. July 11-16 ___ III. July 18-23 ___
IV. July 25- July 30 ___ V. August 1-6 ___

Note: A \$50 deposit is due along with the application. The entire \$280 can be paid at this time if you wish to do so. In placing my son in your care, I agree to all terms, regulations and activities of Camp Mount Michael - St. John. I agree to bear the burden of any expense arising from accident or illness, which is not cared for by the camp insurance policy, while my son is under the authorities of the camp. I understand that the \$50 deposit will be applied towards the total camp fee and is non-refundable even in case of disciplinary action and/or homesickness.

Parent/Guardian Signature _____

Date: _____

Mail application to:

Camp Director
Camp Mount Michael - St. John
22520 Mount Michael Road
Elkhorn, NE 68022-3400

2010 CAMP MOUNT MICHAEL - ST. JOHN MEDICAL RELEASE FORM

Emergency Contact(s) 1. _____ Home Telephone: _____

Work Telephone: _____ Cell Phone: _____

2. _____ Home Telephone _____

Work Telephone: _____ Cell Phone: _____

Health History:

My son has the following medical problems which should be noted: _____

My son has the following allergies which should be noted: _____

Date of last tetanus shot: _____ Operations of other serious illness: _____

Is your child on medication? _____ What kinds? _____

Which of these will he be bringing to camp? _____

The health history is correct to the best of my knowledge and the person described herein has permission to engage all prescribed camp activities except noted by me. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery for my child as named above.

I understand that the purpose of this is to totally relieve Camp Mount Michael - St. John and its owners, agents, and employees from any and all liability for injuries, deaths or loss of property sustained by me or by my child by any person in my charge as a result of participation in a Camp Mount Michael - St. John activity.

Parents/ Guardian Signature _____ Date: _____