



Skipper Summer Camp

"Our Future Is So Bright, We Have To Wear Shades"

Monday - Friday, June 15-26, 2009

Registration Form/Emergency Contacts/Medical Information

This form must be completed and submitted with full payment of \$400 (\$350 camp fee + \$50 non refundable registration fee) by June 1, 2009 to: Mercy High School Skipper Summer Camp, 3250 19th Ave., San Francisco, CA 94132

Student's Name

Date of Birth

Parent's/Guardian's Name

() _____
Home Phone Number

Address

() _____
Alternate Phone Number

City, State, Zip Code

School and Grade in the Fall 2009

Alternative Emergency Contacts

Primary Emergency Contact Person

Secondary Emergency Contact Person

() _____
Home Phone Number

() _____
Home Phone Number

() _____
Work Phone Number

() _____
Work Phone Number

() _____
Cell Phone Number

() _____
Cell Phone Number

Person to pick-up child/relationship to child

Person to pick-up child/relationship to child

Medical Information

Name of Family Medical Insurance Policy and Number

Physician's Name and Phone Number

Insurance Company Address

Physician's Address

Dentist Name and Phone Number

Allergies/Dietary Restrictions/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to attend Skipper Summer Camp. I release Mercy High School San Francisco and its employees and volunteers, from liability in case of an accident during offered activities.

Parent's/Guardian's Signature

Date