

St. Ann Catholic School Colts Mini Summer Camps

6529 Stage Rd. Bartlett, TN 38134

Tell us what you're interested in:

Camp name: _____

Camp name: _____

Camp date: _____

Camp date: _____

Camp leader: _____

Camp leader: _____

Checks should be made payable to the individual camp leader, *not to St. Ann School*. In order to hold your child's spot, payment is required when you submit your registration form. Payments are non-refundable.

Registration and medical forms are available in the school office or on our website at www.sasc Colts.org. Each camp is run by a different person, so please see the contact information if you have questions.

Child's Full Name _____

Nickname _____

Male ___ Female ___

(Rising) Grade _____

If parents are divorced, separated, etc., who has custody of the child? _____
(Legal papers MUST be on file with us to enforce)

Child's
address _____
(PHYSICAL address, NOT P.O. BOX)

Mother's
Name _____

home
address _____

city _____ zip code _____ home phone _____

Email address _____

place of employment _____

*work phone _____

*cell phone _____

Father's
Name _____

home
address _____

city _____ zip code _____ home phone _____

Email address

place of employment _____

*work phone _____ *cell phone _____

List those, OTHER THAN PARENTS, to whom your child may be released:

Emergency Contact Person- MANDATORY

Person, OTHER THAN PARENTS, to call in an emergency when parents cannot be reached.
This person must be someone who can pick your child up for you within thirty minutes and
CANNOT LIVE OUT-OF-STATE.

Name _____

phone _____

PHOTO RELEASE

By signing this form, you give the Catholic Diocese of Memphis and/or St. Ann Catholic School permission to use and reproduce your child's likeness, voice, sound effects, photos, interviews, video, audio recordings and other information about your child. These items might be used in news stories, syndicated programming, public awareness, education, publicity, promotion and fundraising. These materials may be taken for the Catholic Diocese of Memphis and/or St. Ann Catholic School and their representatives or person(s) authorized by them. The purpose, as well as the type and duration of the publicity, will be to promote the activities or achievements of the school and its' students with the public, including newspapers; magazines; television; radio; video projects; comments or postings on the Internet, blogs

and social media websites like YouTube, Facebook, MySpace, Twitter; oral testimonials in public venues; or publication in other media by celebrities and supporters.

You understand that these materials may also be given to the news media, companies or people outside the Catholic Diocese of Memphis and/or St. Ann Catholic School for use in films, videos, news stories, broadcasts and other syndicated programming, as well as letters, e-mails, print publication, Internet posts, telephone calls and publications for fundraising or public awareness. You agree to allow the Catholic Diocese of Memphis and/or St. Ann Catholic School and their representatives to update the news media about your child's story.

Your child will be featured in a video designed to promote St. Ann School. It will used online, TV, radio and other media outlets and venues. This video may play in perpetuity.

I, _____ (parent) hereby consent to the free use by the Catholic Diocese of Memphis and/or St. Ann Catholic School, of my child's name and likeness for publication or display purposes. I have read this release and fully understand its contents.

PERMISSIONS / RELEASE

1. I hereby authorize St. Ann staff to act on my behalf in seeking and approving emergency medical treatment.
2. I have completed the application and emergency information is up-to-date.
3. I release St. Ann from all liabilities of all sponsored activities of the program.

PARENTAL SIGNATURE _____ **Date** _____

<p>Office use only:</p> <p>Payment total: _____</p> <p>_____ cash _____ check # _____</p> <p>Received by : _____</p> <p>Date: _____</p>

Medical Information

Tell us if your child has **ANY** medical issues that we need to be aware of while caring for your child. All information is confidential, so please answer all questions as thoroughly as possible. This information will be beneficial in the event that we are unable to reach you quickly during health concerns.

1. Is your child on **ANY** medication: if so, what and why? _____

2. List **ALL** allergies, including bee/insect stings:

4. Does your child have a seizure condition, severe headaches/migraines, asthma or respiratory problem, or any other medical problems that we should be aware of? Any treatments or medications needed?

5. Are there any restrictions to physical activities? If so, please explain. _____

Child's physician _____ Phone number _____

Physician's address _____

Dentist _____ Phone number _____

REQUIRED: IF this is left blank, the form will be returned.

Medical Insurance Co. _____

Address _____

Policy# _____

Emergency Number and contact _____

1. I hereby authorize SAS staff to act on my behalf in seeking and approving emergency medical treatment.

2. I give my permission for SAS staff to clean wounds with hydrogen peroxide, to apply Neosporin to cuts/scratches, and apply topical Benadryl to bug bites and rashes.

Exceptions/Comments: _____

Parental Signature _____ **Date** _____