



CAMPER

St. John Bosco Summer Day Camp

5630 W. Commerce Street
San Antonio, Texas 78237

2017 Registration and Emergency Information

Complete one form per CAMPER

(Please print clearly or type)

Registration Fee: \$25.00 per camper (Must be in Cash or Credit Card and is Non-refundable)

Check only the week(s) your child(ren) will be attending: _____

Eligible Age: 5 yrs old to 14 yrs old (must be 5 yrs old by Sep. 1, 2016)

June: 26 – 30
 July: 3 – 7
 July: 10 – 14
 July: 17 – 21

(Note: July 4th No Camp)

CAMPER INFORMATION:

Camper: _____ Birth Date: _____ Age: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Please indicate: Swimmer Non-Swimmer

PARENT/GUARDIAN INFORMATION:

Father/Guardian: _____ Social Security Number: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Work Phone #: _____ Home Phone #: _____

Cell Phone #: _____ Email: _____

Employer: _____ Position/Department: _____

Mother/Guardian: _____ Social Security Number: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Work Phone #: _____ Home Phone #: _____

Cell Phone #: _____ Email: _____

Employer: _____ Position/Department: _____

EMERGENCY INFORMATION: (Who do you want contacted in case of an emergency?)

	<u>Name</u>	<u>Relationship</u>	<u>Home #</u>	<u>PHONE NUMBERS</u>	
				<u>Work #</u>	<u>Cell #</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Names of all brothers and sisters at SJB Summer Day Camp:			
Camper Name	Date of Birth	Rank among siblings	Grade entering in August 2016

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2017 Registration and Emergency Information (continued)

Complete one form per CAMPER

(All information must be completed)

Particular Health Conditions:

- _____
- _____
- _____

Medications taken regularly:

- _____
- _____
- _____

Allergies (Medication/Food/Seasonal/etc):

- _____
- _____
- _____

Δ Please notify the SJB Summer Day Camp Directress should this information change.

Δ **St. John Bosco Summer Day Camp (SJB) does not assume any financial obligation for any emergency care.**

Required Information: In case of accident or serious illness, I request SJB to contact me. If SJB is unable to reach me, I hereby authorize SJB to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, SJB may make whatever arrangements it deems necessary. I understand I am responsible for providing and maintaining this information current at all times for the safety and welfare of my child(ren). I will promptly contact the SJB Summer Day Camp Directress regarding any changes or updates to this emergency information and request and complete the required Change of Emergency Information form.

Physician: _____ Phone #: _____
 Hospital: _____

Swimming Field Trip Permission Note

_____ of grade _____ has my permission to go with
 (Child's Name)

St. John Bosco Summer Day Camp to Monterrey Park Swimming Pool
 (Place)

in **San Antonio, TX** every **Tuesday, Wednesday and Thursday (June 26 - July 21, 2017)**
 (City, State) (Date)

The group will leave St. John Bosco School at approximately **1:00 p.m.** and return by **3:30 p.m.**
 (Leaving time) (Returning time)

Transportation to the above mentioned event will be by **WALKING**. Cost of the field trip is **FREE**.

Required: backpack, modest swimsuit, sunscreen, water bottle, towel and closed tennis shoes

I HEREBY RELEASE SAINT JOHN BOSCO SCHOOL, ARCHDIOCESE OF SAN ANTONIO, THE SALESIAN SISTERS AND SCHOOL/CAMP CHAPERONES AND DRIVERS FROM ANY AND ALL LIABILITY IN CASE OF ACCIDENT OR INJURY INCURRED DURING THE SCHOOL/CAMP-SPONSORED FIELD TRIP.

Parent Signature: _____
 Home Phone #: _____
 Alternate Person's Name: _____

Date: _____
 Work Phone #: _____
 Phone #: _____



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**Parental Consent Form
Photography, Media and Websites**

Photography

During the camp season there are occasions when photographs of your child may be taken by staff members of **St. John Bosco Summer Day Camp**. Your authorization to use a photo or photos of your child in camp publications or publications of the Salesian Sisters such as brochures, newsletters, camp mailings, etc. is requested. Children's names will not appear in these publications.

Websites/Social Media Platforms

(Use of children's photographs/personal information)

The Salesian Sisters website (www.salesiansisterswest.org) contains web pages for many of our schools, camps and other ministries. These pages are used to help spread the news of the Salesian Sisters to our many supporters as well as to young people in search of meaning in their lives. Anyone with the Internet is able to access these pages from virtually anywhere in the world. Children's photos are sometimes posted on the website to showcase particular events or activities. If included, identification would be done by **first name and first initial of last name only**. This also includes the posting of images on social media platforms such as Facebook, Instagram, etc. Photos of large groups, or action photos where children cannot be identified, may be posted without parental permission.

Consent

Signing this form will be deemed as consent for the Salesian Sisters and/or the Camp to allow your child's image to be used. Should circumstances change please notify the Salesian Sisters immediately.

Please complete the following and return it to the camp on the first day your child attends.

I hereby authorize **St. John Bosco Summer Day Camp** and the Salesian Sisters to allow my child to be:

(circle yes or no for each)

Photographed

for publications of the Camp **Yes** **No**
OR of the Salesian Sisters **Yes** **No**

Website/Social Media Platform Usage

Following the guidelines above, I give my permission for
Photo(s) on the web/social media platforms **Yes** **No**
Personal information on the web **Yes** **No**

Date: _____

Name of child (please print): _____

Name of parent or legal guardian (please print): _____

Signature of parent or legal guardian: _____

***Signature of child (If 16 years or over):** _____

***Signatures of parent and the child are required for children 16 and 17 years of age. Adolescents 18 years of age or older do not require a parental signature.**



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2017 TRANSPORTATION & PICK-UP INFORMATION

Complete one form per CAMPER

(Please print clearly or type)

Dismissal Site: GYM

Camper Information:

Last Name	First Name	Grade

*Please indicate how your child will leave camp each day:

- Family Pick-up
 Carpool
 Via Bus
 Walk

List all children who are members of your family or who are part of your carpool and will leave camp together:

Last Name	First Name	Grade

Camper Pick-up is authorized by persons listed below:

Parent(s)/Guardian(s) must be listed first and then other persons whom you authorize to pick up your child at any time or day from St. John Bosco Summer Day Camp.

Please print clearly or type. Indicate with an * who the primary person picking up your child will be.

*	Last Name	First Name	Relationship	Phone #

IMPORTANT: *The above listed camper will not be permitted to leave with any person not on this list or whose name has not been given in writing or by phone to the camp directress, by the custodial parent(s) or guardian(s), as authorized to pick up the listed child.*

Parent/Guardian Signature

Date