

CAMP ST. CATHERINE 2018 SENIOR COUNSELOR REGISTRATION FORM

(Senior Counselor=Completed 9th grade & up in June 2018)

Vacation Bible Camp 2018

DATE: Monday, July 9 - Friday, July 13, 2018

TIME: 8:30 a.m. to 1:00 p.m.

Please read thoroughly
& Return this form
by: June 5, 2018

Counselor's Name: _____ M F
Last First Please Circle

Age: _____ Grade completed June 2018: _____

Father's Name: _____ Mother's Name: _____

Mailing
Address: _____

Home Telephone #: _____

Father's Work #: _____ Mother's Work #: _____

Father's Cell #: _____ Mother's Cell #: _____

Email address: _____

Counselor's previous CAMP ST. CATHERINE'S experience:

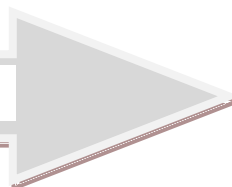
To be completed by Counselor: (Please read before signing)

I, _____, understand and agree that I must attend counselor training **on Thursday, June 21, 2018 from 7:00 to 8:00 pm at the Parish Center**. In this position as a camp counselor, I represent the Catholic Church and am a role model to my younger brothers and sisters in Christ. This is part of my way of sharing of my time and talents as I continue on my faith journey. I also understand that I must arrive by 8:30 am and that my day is complete at 1:00 pm each day. I accept that I must be available each day Monday through Friday.

Signature of
Counselor: _____ Date: _____

My preference of grade level I would like to work with (no guarantees):

Please continue registration on reverse



TO BE COMPLETED BY PARENT: (this must be complete or form will be returned without registering the child as a counselor)

Any special medical needs, dietary needs, or allergies? YES NO

Please list allergy or medical condition; explain the symptoms and what should be done if a problem should arise:

**EMERGENCY CONTACT:
(PLEASE PROVIDE 2 PEOPLE THAT WILL BE
AVAILABLE DURING CAMP HOURS)**

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Should emergency medical treatment be necessary and I am unable to be contacted immediately, I authorize the delegated agents of St. Catherine of Siena to act on my behalf and approve appropriate treatment.

Insurance Company _____ Policy Number _____

I specifically waive claim or claims that may be derived from any accident or injury sustained by my child. I further agree to indemnify and save harmless St. Catherine of Siena, the Catholic Diocese of Metuchen, their staff, all volunteers, and all adult supervisors working on their behalf.

I further understand that parish representatives are NOT permitted to administer medication.

Parent Signature _____

Date _____

NOTE: Parish representatives are NOT permitted to administer medication.

All of the above information is accurate and I understand that I must provide the necessary medication for my child and that the parish representatives are NOT permitted to administer medication.

Parent or Guardian Signature _____ Date _____

**Please complete & return registration by: June 5, 2018 to
Judy La Tournous at the Church office**