

St. Patrick Interparish School
2024 Summer Fun Camp Emergency Registration Form

Name of Student _____ Age _____ Grade 2024 - 2025 _____

Parent Email address: _____

Best Contact Phone #: _____

Parent/Guardian Name (1) _____ Parent/Guardian Name (2) _____

Place of Employment (1) _____ Place of Employment (2) _____

Work Phone (1) _____ Work Phone(2) _____

For and in consideration of the above-named child being allowed to participate in this program, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the student's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless the Diocese of St. Augustine, Erik Pohlmeier, as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Erik Pohlmeier, individually, the above noted school, and employees and agents of said parties engaged in this particular program, their personal representatives or assigns, from any loss or damage on account of any injury to the person or their personal property, of the student, or death, caused by negligence or otherwise, while the student is engaged in the above-stated program or in transportation to and from events under this program. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue to full legal force and effect. The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this agreement on behalf of the child, and the child's parents, personal representative, assigns, heirs, and next of kin.

In the event of illness or injury to my child during this event, I authorize necessary emergency medical care. My child's personal physician is _____, phone # _____.

I can be reached at the following phone #s: home _____ work _____ cell _____

My child is covered under an accident and health insurance policy with _____ insurance company, policy # _____.

My child has the following allergies and/or medical concerns:

(See Mrs. Wessels, Camp Director, if medication is to be administered during camp hours. Medical Authorization Form must be completed by parent/guardian in order for medication to be administered, as well as medication being in its original container/box.)

The following persons (in addition to the parent/guardian) are authorized to pick-up my child from camp:

Name and Relationship:

_____ Phone _____

_____ Phone _____

Parent/Guardian/Representative Signature: _____ Date _____