



Skipper Summer Camp

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

Monday - Friday, June 14-July 2, 2010

Registration Form/Emergency Contacts/Medical Information

Please complete & submit this form along with field trip permission slip & the full payment of \$525 (\$475 camp fee + \$50 non refundable registration fee) by June 1, 2010 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 2010

Email Address

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