

2008 Diocese of Bridgeport Summer Camp Registration Form

(Please fill out one form for each camper)

Camper Name: _____ Date of Birth:(mm/dd/yyyy) _____ Age: _____

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

Parent/Guardian Name: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Email: _____ Parish: (include town) _____

How did you hear about the Camp? _____ T-Shirt Size:(circle one) S M L XL

Camp: <i>Check one</i>	_____ Sequela Christi Camp for GIRLS	_____ Quo Vadis Camp for BOYS
	June 23 – 27, 2008	June 29 – July 3, 2008
	Seton/Neumann Center	Seton/Neumann Center
	Immaculate High School, Danbury, CT	Immaculate High School, Danbury, CT

_____ (name of camper) has my permission to participate in the *Quo Vadis/Sequela Christi Camp* (please circle camp) being conducted by the Diocese of Bridgeport Office of Vocations with Rev. Peter J. Lynch, Director of Vocations, or any priest, chaperone or other licensed driver associated with him. I understand that neither St. John Fisher Seminary nor the Diocese of Bridgeport nor any of its agents are responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

I do herewith authorize the treatment by a qualified and licensed medical doctor of my child in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release is intended for the *Quo Vadis/Sequela Christi Camp* (please circle camp). This form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

IMPORTANT: Date of last Tetanus shot: _____

Specific medical allergies, chronic illnesses or other conditions: _____

Family Physician: _____ Phone: _____

Another person to contact in the case of emergency:

Name: _____ Phone: _____

Signed: _____

(Parent or Legal Guardian)

(Date)

___ Check here if you do *not* give permission to use photos of your child in promotional materials.

REGISTRATION DEADLINE: JUNE 13, 2008

Please enclose a check for \$25.00 per camper, made out to: *Office of Vocations*

Please mail to: **Office of Vocations St. John Fisher Seminary 894 Newfield Ave., Stamford, CT 06905**

If financial assistance is needed please call 203-322-5331. **ALL information requested must be completed,**

especially all medical information.