

# CAMP ST. CATHERINE 2019



## VACATION BIBLE CAMP JUNIOR COUNSELOR REGISTRATION FORM (Junior Counselor = Completed 6<sup>th</sup> – 8<sup>th</sup> grade by June 2019)

**DATE:** Monday, July 8 – Friday, July 12 **TIME:** 8:30 a.m. to 1:00 p.m. **PLACE:** St. Catherine of Siena Church

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Counselor's Last Name \_\_\_\_\_ First name \_\_\_\_\_ M F  
Please Circle

Current Age \_\_\_\_\_ Grade completed June 2018 \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Counselor's previous camp St. Catherine's experience \_\_\_\_\_

Father's Work # \_\_\_\_\_ Mother's Work # \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

Email address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

I, \_\_\_\_\_, understand and agree that I must attend counselor training **on Thursday, June 20, 2019 from 6:00 to 7:00 pm at St. Catherine of Siena Church.** In this position as a camp counselor, I represent the Catholic Church and I will be 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 back of page!!**

Please Complete & Return Registration By: June 7, 2019  
To Elizabeth Knipe at St. Catherine of Siena Church

**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:

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

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Name Telephone

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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.

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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.

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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.

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Parent or Guardian Signature Date

Please Complete & Return Registration By: June 7, 2019  
To Elizabeth Knipe at St. Catherine of Siena Church