CAMP ST. CATHERINE 2019



VACATION BIBLE CAMP SENIOR COUNSELOR REGISTRATION FORM

(Senior Counselor = Completed 9th grade & up in June 2019)

DATE: Monday, July 8 – Friday, July	y 12 TIME: 8:30 a.m. to 1:00 p.m. PLACE: S	St. Catherine of Siena Church	
*********	**********	*******	
		M F	
Counselor's Last Name	First name	Please Circle	
Current Age	Grade compl	Grade completed June 2018	
Father's Name	Mother's Name		
Mailing Address	City	Zip Code	
Home Telephone #	Counselor's previous cam	np 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 Couns	selor: (Please read before signing)	
position as a camp counselor, I re	, understand and agree that I must a m 6:00 to 7:00 pm at St. Catherine of Si epresent the Catholic Church and I will be	ena Church. In this a role model to my	
continue on my faith journey. I als	thrist. This is part of my way of sharing of reso understand that I must arrive by 8:30 I accept that I must be available each day	am and that my day is	
Signature of Counselor		Date	
My preference of grade level I would	l like to work with (no guarantees)		
Please continue registration	on on back of page!!		

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