



Academy of Our Lady SUMMER CAMP

Camper's Name: _____ Male ___ Female ___
Last Name First Name

Date of Birth _____ Age _____ Home Phone: _____

Address: _____
Street City State Zip

Mother's Name: _____ Father's Name: _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's Cell _____ Father's Cell _____

Emergency Contact _____ Phone _____ Relationship _____

Allergies / medical conditions? _____ Medications? _____

Check one: _____ Yes, my child can swim. _____ No, my child cannot swim.

Please list anyone who has permission to pickup your child from camp in addition to parents:

1. _____
Name License # Phone Relationship
2. _____
Name License # Phone Relationship
3. _____
Name License # Phone Relationship

Additional names can be listed on reverse.

Academy of Our Lady High School Summer Day Camp reserves the right to expel any child from camp whose behavior is unacceptable. A child could also be dismissed if the parent refuses to sign a referral form.

In case of an emergency or accident, my signature below authorizes AOL Day Camp to seek immediate medical care.

My signature authorizes AOL Day Camp to bring my child on all field trips.

I hereby agree to release, absolve, and indemnify and hold harmless Academy of Our Lady High School / Day Camp and its subsidiaries. Cost of field trips not included in camp session prices.

I HAVE READ AND UNDERSTAND THE RULES ABOVE AND DO AGREE TO COMPLY.

Parent's Signature: _____ Date: _____