



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 pick-up your child from camp in addition to parents:

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

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.

My signature authorizes the name, voice and/or likeness of campers may be used in news publications, audiovisuals and other electronic transmissions issued by employees or designees of Academy of Our Lady or by members of the media with permission of officials from schools or offices within the Archdiocese of New Orleans School System. These information items may include, but are not limited to, photographs, videotapes, live broadcasts, sound recordings, and/or electronic transmissions related to school activities. Parents/ guardians not wanting their daughter's name, voice and/or likeness used in the above publications must notify the camp in writing.

Parents/guardians waive compensation or reimbursement of any kind related to use of the above material for themselves or their sons/daughters.

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: _____

Academy of Our Lady
SUMMER CAMP COMMUNICATION FORM

Camper Name: _____

Guardian E-MAIL: _____

Guardian E-MAIL: _____

Guardian Name (PRINT): _____

Guardian Signature: _____

