

Summer Camp @ CES

Summer Camp Registration

Camper Information: Male Female

Name (First & Last): _____

Date of Birth: _____

Address: _____

Phone: _____ Email: _____

List any Allergies and Dietary Restrictions: _____

Parent/Guardian Information:

Parent/Guardian Name (First & Last): _____

Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email: _____

Relationship to Camper: Mother Father Guardian Other: _____

Emergency Contacts and Authorized Pick Up Persons: **(In addition to parents/guardians)**

(1) Name : _____ Relationship to Camper: _____

Cell Phone: _____ Work Phone: _____

(2) Name : _____ Relationship to Camper: _____

Cell Phone: _____ Work Phone: _____

(3) Name : _____ Relationship to Camper: _____

Cell Phone: _____ Work Phone: _____

Health Insurance: _____

Policy Number: _____

Verification Phone Number: _____

Medical Release Agreement

I/we hereby agree to save and indemnify and keep harmless the Canterbury Episcopal School, its agents and employees, against any and all liability, claims, judgements or demands for damages arising as a result of injuries sustained by the applicant during or as a result of any course given the applicant of the CES Summer Camp.

Signature (Parent/Guardian)

Date