



CAMPER REGISTRATION FORM 2010
Saint Andrew's Episcopal Church
VACATION BIBLE SCHOOL AND CAMP
June 21-25, 2010 from 9a.m.– noon
***Campers (from 4 yrs-entering 5th grade)**

Camper 1 _____ Age _____ Birth Date _____ Grade in Fall _____

School _____ T-Shirt sizes Youth ___ S ___ M ___ L ___ XL

Friends they would like to be with _____ Special Needs: _____

Camper 2 _____ Age _____ Birth Date _____ Grade in Fall _____

School _____ T-Shirt sizes Youth ___ S ___ M ___ L ___ XL

Friends they would like to be with _____ Special Needs: _____

Camper 3 _____ Age _____ Birth Date _____ Grade in Fall _____

School _____ T-Shirt sizes Youth ___ S ___ M ___ L ___ XL

Friends they would like to be with _____ Special Needs: _____

Parent/Guardian Name _____ Parish _____

Home Phone _____ Work/Cell Phone _____ Email _____

Home Address _____ City _____ State _____ Zip Code _____

Emergency Contact name (other than Parent) _____ Phone _____

Campers @ \$45 \$ _____
 Optional Donation for camp expenses and scholarships \$ _____
 Make Checks payable to Saint Andrew's Church Total \$ _____

(Scholarships are available call the office for more information)
Mail Registrations to 13601 Saratoga Ave.; Saratoga, CA 95070

Medical Authorization: California civil code 25.8 provides that a parent/ guardian may authorize an adult into whose custody their child(ren) are entrusted, to consent to necessary medical treatment. Pursant to these provisions, I (we) the undersigned do hereby authorize Saint Andrew's Episcopal Church to procure, medical, or hospital care for the above named child(ren) in the event of injury or illness while the child(ren) is (are) participating in Vacation Bible School and Camp at Saint Andrew's Episcopal Church. It is understood that this authorization is given in advance of any specific care required but is given to provide consent to diagnosis, treatment, or hospital care which a physician may in the exercise of his/her best judgment deem advisable. The undersigned will assume financial responsibility for any care procured

Photo Release: I hereby give Saint Andrews's Church permission to use photographs taken during Vacation Bible School and Camp of my child(ren), in all forms and media, and in all matters including composite representation for lawful purposes I waive my right to inspect or approve the finished version(s), including written copy that may be created in connection therewith.

Parent Guardian Signature _____