



Trinity Neighborhood Camp 2018 Application

1. Child

Name of child _____ Birth date _____

Address of child _____ Zip code _____

Grade beginning August 2018 _____ Gender _____

Please list any allergies (including food) _____

Please list any medications (including allergy medications) and any current health concerns

Please tell us about any special educational needs of the child _____

2. Person Registering Child

Name _____

email _____ Relationship to child _____

Phone (1) _____ Phone (2) _____

Address _____ Zip Code _____

Emergency contact:

Name of contact _____

email _____ Relationship to child _____

Phone (1) _____ Phone (2) _____

Address _____ Zip Code _____

Continue on back of this page

3. Permission/Waiver Section

Please initial the box on the left to indicate you have read and agree to the statement.

My child is in good health. If my child's health should change between the date this permission form is signed and the camp, I will notify the camp coordinator. I agree to the release of any records necessary for medical treatment, referral, billing or insurance purposes.

In the case of a medical emergency, I hereby give permission to the Trinity Neighborhood Camp to call 911 and seek emergency treatment for my child. In the event I cannot be reached in an emergency, I hereby give permission to the attending emergency physician to administer treatment, including hospitalization and/or injection and/or anesthesia and/or surgery for the child named in section 1.

If my child is accepted into the Trinity Neighborhood Camp, I agree to bring my child to the camp each morning by 8:00 am and return to the camp by 12:30 pm to pick up my child. No child will be released to an unauthorized person. When my child is dropped off in the morning, and I cannot pick up my child, I agree to tell Trinity Neighborhood Camp the name (s) of the person who is authorized to pick up my child.

I give permission to Trinity Episcopal Church to photograph my child while he/she is participating in the camp activities. Any copies of the photographs will belong to Trinity Episcopal Church and may be used to publicize the camp in printed or digital material or other media.

I acknowledge that I am signing this agreement freely and voluntarily and intend by my signature for it to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Parent/Guardian Signature _____

Date _____

4. Return this application and the \$1.00 application fee to

Trinity Neighborhood Camp
Trinity Episcopal Church
600 North Euclid
St. Louis, MO 63108

If you have any questions about the camp please contact the camp coordinator:
Dr. Barbara Holmes 314.303.6116