

MCC Summer Camp Registration Form

Please print and use a separate form for each camp. Please complete entire form.

Camper Name _____ Age _____ Grade in 2016-2017 _____

School Attending in the 2016 – 2017 year _____

Home Address _____

City _____ State _____ Zip Code _____

Parent or Guardian Name _____

Phone Numbers (home) _____ (work) _____

(cell) _____ (parent email) _____

CAMP NAME _____ SESSION DATES _____

T-shirt size: Youth M _____ L _____ Adult S _____ M _____ L _____ XL _____

PARENTAL CONSENT

I hereby give written permission for my child to attend the aforementioned Summer Camp at Melbourne Central Catholic HS. I understand that there is an inherent risk of injury involved with participation in athletics. As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurements, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. By granting permission, I also waive any claims against the Diocese of Orlando, Melbourne Central Catholic HS and any of their religious, employees, volunteers, agents and representatives from any harm that occurs to my child while participating in any Camp sponsored by Melbourne Central Catholic.

Parent Signature

Date

IN THE EVENT OF AN EMERGENCY:

Name (other than parent): _____

Phone Number: _____ Relationship to Child: _____

Family Physician: _____ Physician's Phone #: _____

Insurance Company _____ Policy # _____ Group # _____

Allergies, Reaction, Chronic/Acute Illnesses, Restrictions or Other Comments: _____

Please forward this completed application with camp fee to:

Melbourne Central Catholic High School
Summer Camps
100 E. Florida Avenue
Melbourne, FL 32901

For Office Use Only

Date _____ Amount Paid _____ Check Number _____ Initials _____