

# Summer Work Camp Registration Form

## Student Information:

Name: \_\_\_\_\_ Grade (as of 20-21) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Adult T-shirt Size: \_\_\_\_\_

## Parent/Guardian Info:

Name: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Emergency Contact (Different from above):

Name: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Participant Experience:

There is no experience necessary for participation. However, listing experience helps us balance the sites. Relevant experience includes things like previous work camp attendance, use of various tools, painting, etc.

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**Medical Information:**

Does the participant have any allergies or dietary restrictions: \_\_\_\_\_

Is the participant currently taking or has taken in the past 6 months any prescription medications (if so, please list):

Date of the participant’s last tetanus shot: \_\_\_\_\_

Is there anything else our team should know: \_\_\_\_\_

**Release of Liability, Medical Release, Use of Pictures and Video**

*As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above mentioned minor. I agree on behalf of myself, my child, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Richmond, St Thomas Aquinas University Parish, its employees and agents, chaperones, or representatives associated with the event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the diocese, its employees and agents and chaperones, or representatives associated with the event for reasonable attorney’s fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the diocese.*

*I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Richmond or my parish responsible for authorizing any medical treatment beyond necessary transportation to the hospital.*

*I hereby give my consent to allow my child to participate in person or virtually as the circumstances surrounding the pandemic dictate.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I give permission for pictures and or video of my child engaged in activities related to the event to be used in the evening program, kept for archival purposes, and shared on social media. Names or participants will not be used and participants will not be tagged by the diocese.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_