



CAMP CABRINI AUTHORIZATION FORMS

Camper's Full Name: _____ DOB: _____
Gender: _____ Grade Completed: _____ Parish member: Yes/No
Guardians' Names: _____
Address: _____
Best contact phone # _____ Email: _____

Emergency Contact #1:

Name: _____ Relationship: _____
Phone number: _____ E-mail: _____

Emergency Contact #2:

Name: _____ Relationship: _____
Phone number: _____ E-mail: _____

Parent/Guardian Authorization:

I approve this application and certify that the applicant is capable of attending and participating in our activities. I certify that the child participating is able to function and meet all the requirements of the K3 Program offered at St. Frances Cabrini. Payment is due the Friday **before** the next week of camp. By signing this Form, I certify that this camper is of good health, and in the event of an emergency, I authorize the St. Frances Cabrini Staff/Volunteers to render first aid. I give Permission to the Physician selected by St. Frances Cabrini to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child as named above. All Possible attempts WILL BE MADE to contact the parent/guardian immediately. In signing this form, I agree to release St. Frances Cabrini from any liability for the risk of illness, accidents, or injury. I grant permission for the applicant to participate in all planned camp activities, which will include out-of-camp trips by walking or by bus.

St. Frances Cabrini is not responsible for lost, damaged or stolen personal belongings. I agree to waive any claims against the School and Parish of St. Frances Cabrini and its employees and volunteers to injuries or damages that may result from the conduct of other persons, including participants of St. Frances Cabrini Summer Camp Program. I also understand that St. Frances Cabrini reserves the right to withdraw a child from the camp program if, at St. Frances Cabrini's discretion, the enrollment of the child negatively affects the integrity of the program or its other participants. All Behavior, Conduct, and Disciplinary Procedures as stated in the St. Frances Cabrini Student Handbook, are agreed to be followed and enforced. I have been given a Handbook as previously mentioned to review and understand and agree to these rules and regulations.

Signed, _____ Date: _____

Director's Signature: _____ Date: _____

PHOTO PERMISSION

My child will be doing so many amazing things this Summer! Please keep me posted throughout the day through the KidReports app, and show them off throughout the camp's bulletin boards, crafts, etc. I, _____, understand that my child's picture could also appear either on the Saint Frances Cabrini/Little Saints Early Learning Center website or Facebook page and/or be used as part of our school or center marketing materials.



I give Little Saints Early Learning Center, permission to photograph and use pictures of my child, _____ at their discretion.

Parent/Guardian's Signature: _____

Date: _____

Parent/Guardian's Signature: _____

Date: _____