

## Bishop Fenwick Summer Camp Registration Form

Child First Name \_\_\_\_\_

Child Last Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Home Phone/Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Grade School 2016-2017 \_\_\_\_\_

Grade \_\_\_\_\_

Age \_\_\_\_\_

### CAMPS ATTENDING

1 \_\_\_\_\_ Session \_\_\_\_\_

2 \_\_\_\_\_ Session \_\_\_\_\_

3 \_\_\_\_\_ Session \_\_\_\_\_

### T-Shirt Size (circle one)

Adult Small

Child Small

Adult Medium

Child Medium

Adult Large

Child Large

Adult XL

### Questions?

Contact the Athletics Office Assistant, Becky Konz

(513) 423-0724 [bkoz@fenwickfalcons.org](mailto:bkoz@fenwickfalcons.org)

Checks can be payable to Bishop Fenwick

Mail Payment and Registration Form to:

Bishop Fenwick High School

4855 State Route 122, Franklin OH 45005

Once a camper registers and pays for a camp, that individual is obligated to the respective camp and will not receive reimbursement for any reason.

## Bishop Fenwick Summer Camp Parental Permission Form

I certify that my son/daughter has no injury that would limit his/her participation in the camp. I hereby release and exonerate and discharge the camp and their employees from any and all actions or causes of actions, known or unknown, from any injuries incurred in camp. The below signed/parent guardian does hereby delegate to the Bishop Fenwick Camp, its employees or agents the authority to seek, obtain and approve medical care and treatment for the below named minor, which in their judgement is necessary for the health and well-being of said minor during his/her attendance at Bishop Fenwick Camp. Further, I agree to hold the Bishop Fenwick Camp, its employees or agent, harmless for any liability arising out of any faith actions taken in seeking and obtaining medical care and treatment for the below names minor. All costs incurred are the responsibility of the parent/guardian.

Are there any Physical or Medical concerns that our staff should know about?

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Camper Name \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

A Photostat copy of this authorization shall be considered as valid and effective as the original.

