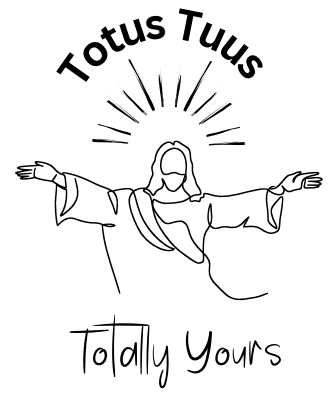


This is a 2-sided document.  
Please complete both sides!



St. Cecilia Catholic Community  
Summer Bible Camp  
Grades 1 - 6  
July 15 - 19, 2024  
9:00 AM - 3:00 PM  
**CAMPER REGISTRATION FORM**



Family Last Name \_\_\_\_\_

Primary Address \_\_\_\_\_

Primary contact # \_\_\_\_\_ Alt # \_\_\_\_\_

Preferred Email for Bible Camp Communications: \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACT INFORMATION: Name and phone number of an adult to reach in case of emergency and you can't be reached at the numbers above:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

	Child 1	Child 2	Child 3
First name			
Last name (if different from family name)			
Gender			
Birth date			
Allergies, Medical Conditions			
Grade in Fall 2024			
T-shirt size (youth or adult sizes available)			

**MORE ON BACK, PLEASE TURN OVER! →**

**MEDICAL AUTHORIZATION:**

I understand that the Parish assumes no responsibility for accidents which occur in association with diocesan events and activities. I agree to use my/our personal insurance to cover any such incidents. I understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed above. In the event those individuals cannot be reached, I/We hereby give permission to the physician, or any other qualified medical staff selected by the event leader to hospitalize, secure medical treatment, and/or order injection, anesthesia, or surgery for Participant as deemed necessary.

**Release of Liability for Youth and Adults:**

I consent and agree to allow the Parish staff and volunteers to supervise my child(ren) which is within the ministry of the Diocese of Venice in Florida Inc (“Diocese”). I understand all reasonable safety precautions will be always be taken by the Parish and its employees and agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk, arising from the supervision of them and I assume all such risks for my child as parent or guardian. I agree to indemnify and hold harmless the Parish and the Diocese, its leaders, employees., and volunteer staff from all claims arising from or in connection with attending this event, except for gross negligence of the Parish or Diocese.

**Code of Behavior for Youth and Adults:**

I agree to abide by and/or instruct my child to abide by all rules and regulations as outlined by the chaperones/representatives. I agree that if I/Participant fail(s) to abide in anyway by the rules, that I/Participant can be dismissed from the event and sent home immediately at my/Participant’s expense with no right of reimbursement or refund for any amount in connection therewith from the Diocese of Venice or its chaperones/representatives.

**Photo Release:**

\_\_\_\_\_ **YES**, I hereby authorize the Parish and the Diocese and its agents to utilize photographic and/or video images of me or my child. In giving my consent, I hereby indemnify and hold harmless the Parish and the Diocese and its agents from all responsibility of liability. I understand that I will receive no compensation should any photograph and/or video of me or my child be used.

**Date** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_

**Return completed form with payment to:  
St. Cecilia Faith Formation  
5632 Sunrise Drive, Fort Myers 33919**