**Camp St. Philip’s 2024 – Camper/CIT Registration Form**

Child’s Name Nickname

Parent(s) or Guardian(s) Name(s)

Child’s Date of Birth \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ grade as of September 2024

T-shirt size (circle one) Youth sizes: Small (6-8) Medium (10-12) Large (14-16)

Adult sizes: Small Medium Large X-Large XX-Large

Parent/Guardian Primary Phone Parent/Guardian Secondary Phone

Address

Household e-mail Address

Home faith community (if any)

Will this be the child’s first camp experience? (circle one) yes / no

Issues you would like to make us aware of (food reactions, allergies, disabilities, home issues, etc.)

Persons Responsible for picking up this child:

Name Phone Relationship

Name Phone Relationship

Emergency contact (if the parents/guardians cannot be reached):

Name Phone Relationship

I, the undersigned parent/guardian, do hereby authorize emergency medical, dental, health or hospital services be rendered to my child upon consent of a St. Philips Episcopal Church staff member or designated volunteer. The purpose of this authorization is to permit my child to receive emergency medical attention when needed while involved in the activities connected with St. Philips Episcopal Church’s youth programs when I or my emergency contact is unavailable to give such consent.

🞎 I give my permission for photographs of my child to be used in promoting St. Philip's Episcopal Church youth events.

Signature of Parent or Guardian Date / /

Cost: Camper/CIT Registration Fee: $120 first child; $100 additional siblings

+ Before & After Care Add-on (8-9am & 4-5pm): $50 per child

- Full or partial scholarship amount received (for information about scholarship

availability, please contact Jennifer Toole at 443-956-9945 or jtoole@tooledesign.com)

= Amount included with this form (payable to St. Philip’s Episcopal Church)