

CAMP MOUNT MICHAEL REGISTRATION 2012

Camper Name: _____ Birthday: _____ Age: _____

School Attended 2011-2012: _____ Grade in Fall: _____

Number of years at Camp Mount Michael: _____ T-Shirt Size: Youth Size: _____ Adult Size _____

Please put my son in the same group as: _____

Parent/Guardian: _____ Business Phone: _____

E-Mail: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Would you be interested in receiving information in the future about Mount Michael Benedictine School?: _____

Camping Sessions 2012 – Each session is \$280 per week. Please mark 1st, 2nd and 3rd choice.

I. June 24 - June 29 ___ II. July 8 - 13 ___ III. July 15 - 20 ___

IV. July 22 - July 27 ___ V. July 29 - August 3 ___

Note: A \$50 deposit is due along with the application. The entire \$280 can be paid at this time if you wish to do so. In placing my son in your care, I agree to all terms, regulations and activities of Camp Mount Michael. I agree to bear the burden of any expense arising from accident or illness, which is not cared for by the camp insurance policy, while my son is under the authorities of the camp. I understand that the \$50 deposit will be applied towards the total camp fee and is non-refundable even in case of disciplinary action and/or homesickness.

Parent/Guardian Signature _____ Date: _____

Mail application to:
Camp Mount Michael
Attn: Camp Director
22520 Mount Michael Road
Elkhorn, NE 68022-3400

2012 CAMP MOUNT MICHAEL MEDICAL RELEASE FORM

Emergency Contact(s)

1. _____ Home Telephone: _____
Work Telephone: _____ Cell Phone: _____
2. _____ Home Telephone _____
Work Telephone: _____ Cell Phone: _____

Health History:

My son has the following medical problems which should be noted:

My son has the following allergies which should be noted:

Date of last tetanus shot: _____

Operations of other serious illness: _____

Is your child on medication? _____

What kinds? _____

Which of these will he be bringing to camp?

The health history is correct to the best of my knowledge and the person described herein has permission to engage all prescribed camp activities except noted by me. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery for my child as named above.

I understand that the purpose of this is to totally relieve Camp Mount Michael and its owners, agents, and employees from any and all liability for injuries, deaths or loss of property sustained by me or by my child by any person in my charge as a result of participation in a Camp Mount Michael activity.

Parents/ Guardian Signature _____ Date: _____