

YARDVILLE CYO TEEN TRAVEL CAMP

453 Yardville-Allentown Rd. – Yardville, New Jersey 08620 – Phone: (609) 585-4280- Fax: (609) 585-2435

REGISTRATION FORM

Date of Enrollment _____ Home Phone _____

Child's Last Name _____ First Name _____

Date of Birth: _____ Current Age: _____ Gender _____

Address _____

City _____ State _____ Zip Code _____

Mother's Name _____ Father's Name _____

Mother's Employment _____ Father's Employment _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

Mother's Email: _____ Father's Email: _____

Does the child live with both parents? _____ Any custody problems? _____

PICK UP AUTHORIZATION

The following person(s) are authorized, in addition to the mother and father, to pick up my children from the CYO Yardville Teen Travel Camp.

| Name | Phone # | Relationship to Child |
|------|---------|-----------------------|
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| Name | Phone # | Relationship to Child |
|------|---------|-----------------------|

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| Name | Phone # | Relationship to Child |
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CYO YARDVILLE TEEN TRAVEL CAMP

Session A: July 17- July 21 \$325.00 _____

Session B: July 24- July 28 \$325.00 _____

Session C: July 31- August 4
\$325.00 _____

Session D: August 7- August 11 \$325.00

OR

Sign up for all 4 Sessions! \$1200.00 _____

WAIVER

I certify that my child's current physical condition is satisfactory for participating in the above CYO Program. I recognize and acknowledge that there are certain risks of physical injury in any recreational program and I hereby assume full responsibility for any expenses incurred as a result of my child's participation in the CYO Program

I agree to: (a) waive and relinquish; (b) fully release and discharge; and (c) indemnify and hold harmless the Mercer County CYO and the Diocese of Trenton and their officers, agents and employees from any and all claims from injuries, damage or loss which may accrue to me on account of my child's participation in the CYO Program.

X _____
Signature

Date

AGREEMENT

- Absences for any reason (illnesses, vacations, etc.) should be called in to the Camp. There will be no refunds issued for absences or missed days due to vacations.

I hereby grant permission for my child to use all play equipment at the CYO Day Camp including the swimming pool and other on site facilities and participate in all activities of the Camp. I also grant permission for my child to travel under proper supervision for field trips in an authorized vehicle. I know of no reason to restrict my child's activity and give permission for participation in all activities that are provided. In the event that I can't be reached in an emergency, I hereby give permission to any physician selected by the CYO of Mercer County to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named above.

Signature of Parent or Guardian

Date