



SAINT JOSEPH'S EPISCOPAL SCHOOL
Whispering Pines Camp

3300 B South Seacrest Boulevard, Boynton Beach, FL 33435-8661

Contact: pcovle@sjsonline.org

Phone: (561) 396-6608

SUMMER CAMP 2019 APPLICATION		
CAMPER INFORMATION		
Name:	Date of Birth:	Age:
Current Address:		
City:	State:	Zip Code:
Medications:		School Attending:
MOTHER'S INFORMATION		
Name:	Employer Name:	
Address:		Work Phone:
City:	State:	Zip Code:
Home Phone:	Cell Phone:	E-Mail:
FATHER'S INFORMATION		
Name:	Employer Name:	
Address:		Work Phone:
City:	State:	Zip Code:
Home Phone:	Cell Phone:	E-Mail:
EMERGENCY CONTACT		
Name:		Relationship:
Address:		Phone:
City:	State:	Zip Code:
PEDIATRICIAN INFORMATION		
Name:		Phone:
Address:		Fax:
City:	State:	Zip Code:
MEDICAL INSURANCE INFORMATION		
Member Name:	Member ID:	Group Number:
Group Name:	Employee Name:	Relationship:
Insurance Company:	Customer Service Number:	
ALLERGIES OR SPECIAL MEDICAL CONCERNS		
DISMISSAL RESPONSIBILITIES		
Name:	Relationship:	
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:

SUMMER CAMP 2019 APPLICATION

DISMISSAL REPOSIBILITIES CONTINUED

Name:	Relationship:
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Address:

City:	State:	Zip Code:
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Home Phone:	Cell Phone:	Work Phone:
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Name:	Relationship:
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Address:

City:	State:	Zip Code:
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Home Phone:	Cell Phone:	Work Phone:
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CAMP REFUND POLICY

There are NO refunds for any reason, including but not limited to: summer school, sickness, separation anxiety, vacation, injury, or non-compliance with camp rules. Only for an extended absence (a full camp week) due to illness or family emergencies will a CREDIT applicable to future camp sessions be granted. Individual days missed during any week cannot be made up during later weeks. **THERE WILL BE NO CASH REFUNDS.** In the event that the National Hurricane Center broadcasts a hurricane warning for South Florida, School Summer Camp will cancel its program for the duration of the inclement weather. A 50% refund will be issued if Summer Camp is closed for more than three days.

_____ My initials to the left indicate I have read and agree to abide by the camp refund policy.

SIGNATURES

The undersigned hereby:

1. acknowledges that Camp and Aftercare fees are due and payable in full **prior to attendance**;
2. certifies that the Camper registered on this form is in good health and has no medical condition that would prohibit vigorous participation in the registered program(s);
3. agrees to be responsible for any loss, damage, or destruction by our Camper to any property of the Camp or to any property for which the Camp is liable or chargeable;
4. consents to the full participation of the aforementioned Camper in the registered program(s), fully recognizing and accepting the inherent risks involved in such activities;
5. releases and holds harmless Saint Joseph's Episcopal School, its officers, employees, representatives, agents, successors, and assigns from all liability for any injury or damage to person or property, howsoever caused, resulting from participation by the aforementioned Camper in the program(s);
6. permits emergency medical treatment to be authorized in the event parents or guardian cannot be reached and accepts responsibility for the payment of such bills;
7. understands that Camp may unilaterally dismiss a camper should it determine that the conduct of the Camper is not in the best interest of the Camp;
8. grants permission of the use of my Camper's photograph(s) in camp promotional publications;
9. acknowledges that a late pick up fee of **\$5.00 per minute/per child after 3:45 p.m.** will be charged (unless Aftercare has been arranged in advance, in which case the fee above will be charged after 5:00 p.m.).

Signature of Parent:	Date:
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Signature of Parent:	Date:
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