

SALESIAN 'LIFE' CAMP

Sacred Heart Center
20 Old Swartwood Rd
Newton, NJ 07860

June 25-27, 2009

Mary Help of Christians Ctr
6400 East Chelsea Street
Tampa, FL 33610-5628

June 4-7, 2009

REGISTRATION FORM

I would like to be a part of this camp. I promise to give it my best....

PERSONAL DETAILS

Name: _____
Address _____
City _____ State _____ Zip _____
Home Telephone # _____ Cell _____
Email: _____

MEDICAL DETAILS (Check all that apply)

___ No Medical Condition
___ Epileptic ___ Asthmatic ___ Diabetic
___ Allergies: _____
___ Heart Condition: _____
___ Currently taking Medication: _____

TRANSPORTATION (Check one)

___ By Plane:
 Airline _____, Flight number _____ Time of arrival: _____
___ By Car:
 ___ I will drive ___ My parents will drive me

MAIL TO:

Salesian Vocation Office
315 Self Place
South Orange, NJ 07079
Phone: 973-761-0201
Email: salvoc@aol.com
www.salesianvocation.com

CONSENT AND RELEASE FORM

(Required for those under age 18)

Event Information: **Salesian LIFE Camp**

June 4-7,09: Mary Help Christians , 6400 East Chelsea Street, Tampa, FL 33610

June 25-27,09: Sacred Heart Ctr, 20 Old Swartswood Rd, Newton, NJ 07860

Participant Information

Name: _____

Date of Birth: _____ Age: _____

Parent/Guardian Information

Name(s): _____

Home Phone: _____ Cell Phone: _____

Address: _____

Emergency Contact Information [even if this is a parent/guardian, fill this section out entirely]

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Medical Information [Even if no medical conditions exist, please fill in your physician and insurance information]

Physician Name: _____ Phone: _____

Healthcare Provider: _____

Account Number: _____

Consent and Release Form [please read the following very carefully]

General: I hereby give permission for my child to participate in the above event. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my child. I individually and on behalf of my child named above, do hereby release, covenant not to sue, and save harmless: The Salesians of Don Bosco, the Center, and all employees, agents and volunteers for the event, from any and all claims for any and all harm arising to my child as a result of their participation in this event.

Photo: I give permission for my child to be photographed at the above event by the Salesians of Don Bosco or their representative. These photographs may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways.

Medical: I request the Salesian representative obtain medical treatment for my child in the unlikely event of injury or illness during this event and I agree to pay any expenses incurred for such treatment.

Signatures

Participant

Print Name: _____ Sign Name: _____ Date: _____

Parent/Guardian:

Print Name: _____ Sign Name: _____ Date: _____