

APPLICATION

Premier Camps At Moore Catholic

TEAR OUT & COMPLETE
ALL FOUR PAGES
(Application/Waiver/Medical)

Remit with Check or Money Order to:

Premier Camps at Moore Catholic
Attention: Director
100 Merrill Avenue
Staten Island, New York 10314

All Checks made payable to: *Premier Camps at Moore Catholic*

UPON RECEIPT OF YOUR APPLICATION & PAYMENT,
PCMC WILL MAIL YOU A CONFIRMATION RESERVING YOUR PLACE AT PREMIER
CAMPS.

For Additional Brochures and Applications (or questions)

Call (718) 606-7114

Or e-mail us at: premiercamps@aol.com

Or download from camp link WWW.moorecatholics.org

2010 Premier Camps @ Moore Catholic Application

Please complete this application and return it with your check or money order, made out to **PREMIER CAMPS @ MOORE CATHOLIC**, to *Premier Camps @ Moore Catholic, 100 Merrill Avenue, Staten Island, NY 10314, Attention: Director.*

All applications must be signed by a parent before they will be accepted.

(PLEASE PRINT CLEARLY)

Application for:

Check with X	2010 Dates	CAMP	GRADES 9/2010	TUITION
	7/19 - 7/23	Boys Basketball	8 - 12	\$ 300.
	7/26 - 7/30	Girls Basketball	8 - 12	\$ 300.
	8/2 - 8/6	Girls & Boys Basketball	4 - 8	\$ 300.

Participant Name: _____

Address: _____ City _____ Zip _____

Participant Grade (Sept. 2010): _____ School: _____

Height: _____ Weight: _____

Experience (briefly describe): _____

Parent/Guardian Name: _____

Phone: (Home) _____ Work/Cell _____

Emergency Contact Name: _____ Relation: _____

Phone: _____

Moore Catholic Premier Camps 2010

INFORMED CONSENT AND RELEASE AUTHORIZATION

I, THE UNDERSIGNED, AS PARENT OR LEGAL GUARDIAN OF THE CHILD LISTED ON THIS APPLICATION IN CONSIDERATION OF THE REQUEST AND PERMISSION FOR MY SON/DAUGHTER TO PARTICIPATE IN THE MOORE CATHOLIC PREMIER CAMPS, DO HEREBY ASSUME FULL RESPONSIBILITY FOR ALL RISK OF INJURY OR LOSS WHICH MAY RESULT FROM MY SON/DAUGHTER'S PARTICIPATION IN ALL ACTIVITIES AND HEREBY AGREE TO HOLD HARMLESS, RELEASE AND FOREVER DISCHARGE MOORE CATHOLIC H.S., THEIR OFFICERS, AGENTS AND EMPLOYEES AND MOORE CATHOLIC PREMIER CAMPS, THEIR OFFICERS, AGENTS AND EMPLOYEES FROM AND WAIVE ANY AND ALL CLAIMS AND DEMANDS WHATSOEVER WHICH THE UNDERSIGNED AND ANY OF THEM OR ANY THIRD PERSON AND THEIR REPRESENTATIVES OR ANY PERSONS ACTING UNDER THEIR BEHALF HAVE OR MAY HAVE AGAINST SAID SCHOOL, CAMP, OFFICERS, AGENTS AND EMPLOYEES THEREOF BY REASON OF ANY ACCIDENT, ILLNESS, INJURY OR DEATH OF ANY PERSON OR PERSONS, OR DAMAGE TO OR LOSS OF DESTRUCTION OF ANY PROPERTY ARISING OR RESULTING DIRECTLY OR INDIRECTLY FROM MY SONS/DAUGHTER'S PARTICIPATION IN THE AFOREMENTIONED AND OCCURING DURING SAID PARTICIPATION OR ANY TIME SUBSEQUENT THERETO. THE TERMS OF THIS RELEASE SHALL SERVE AS A RELEASE AND ASSUMPTION OF RISK FOR MY SON/DAUGHTER, HEIRS, EXECUTORS AND ADMINISTRATORS AND FOR ALL MY FAMILY MEMBERS.

I, UNDERSTAND, AGREE AND ACKNOWLEDGE THAT SOME ACTIVITIES MAY BE OF A HAZARDOUS NATURE AND/OR INCLUDE PHYSICAL AND/OR STRENUOUS EXERCISE AND ACTIVITY. WITH THE FULL UNDERSTANDING OF THE FACTS, I STATE, THAT TO THE BEST OF MY KNOWLEDGE, MY SON/DAUGHTER LISTED ON THE APPLICATION HAS NO MEDICAL, PHYSICAL, MENTAL OR EMOTIONAL HEALTH CONDITIONS WHICH WOULD HINDER OR PREVENT HIS/HER ACTIVE PARTICIPATION IN THE MOORE CATHOLIC PREMIER SPORTS CAMP PROGRAM.

IN CASE OF AN EMERGENCY AND I CANNOT BE REACHED, I HEREBY AUTHORIZE THE STAFF OF THE MOORE CATHOLIC PREMIER SPORTS CAMP TO OBTAIN WHATEVER MEDICAL TREATMENT HE/SHE DEEMS NECESSARY FOR THE WELFARE OF MY CHILD. I FURTHER UNDERSTAND AND AGREE THAT I WILL BE FINANCIALLY RESPONSIBLE FOR ALL CHARGES AND FEES INCURRED IN THE RENDERING OF SAID EMERGENCY TREATMENT, REGARDLESS OF WHETHER OR NOT MY MEDICAL INSURANCE WOULD COVER SUCH CHARGES AND FEES.

I HAVE READ AND UNDERSTOOD, AND I AGREE WITH THE INFORMED CONSENT AND RELEASE AUTHORIZATION OUTLINED ABOVE AS IT RELATES TO MY SON/DAUGHTER.

PARENT/GUARDIAN NAME: _____

SIGNATURE: _____

HEALTH RECORD FOR CHILDREN IN DAY CAMPS & YOUTH CENTERS

Name of Program: **MOORE CATHOLIC PREMIER CAMP**

Permit No. 41129605

Child's Last Name First Name Birthdate Sex M/F

Home Address: _____ Phone: _____

Parent/Guardian: _____ Cell #: _____

Important: Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance? Yes: _____ No: _____

If Yes, state type of exposure: _____

Health History: (Check, if applicable, giving approximate dates)

	<u>Allergies:</u>	<u>Diseases:</u>
Ear Infections _____	Hay Fever _____	Chicken Pox _____
Rheumatic Fever _____	Poison Ivy _____	Measles _____
Convulsion _____	Insect Stings _____	German Measles _____
Diabetes _____	Penicillin _____	Mumps _____
Behavior _____	Other Drugs _____	Other Contagious Illnesses _____
_____ Asthma _____		

Other Past Illnesses _____

Operations or Serious Injuries (dates) _____

Hospitalizations (dates) _____

Chronic or Recurring Illness _____

Conditions that require activity to be restricted? _____

Appliance worn (glasses, contacts, etc.) _____

Medications taken _____

Suggestion from Parent/Guardian _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to Premier Camps @ Moore Catholic staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship _____ Signature _____ Date _____

Phone _____

PHYSICAL EXAMINATION

(To be filled out by physician – please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information which will help to serve the needs of this child in Day Camps and Afterschool and Youth Center Programs.

Immunization History – This is a record of dates of basic immunization and most recent booster doses.

DPap, DTP or TD	Date _____	Date _____	Date _____
Polio	Date _____	Date _____	Date _____
MMR	Date _____	Date _____	Date _____
HIB	Date _____	Date _____	Date _____
HepB	Date _____	Date _____	Date _____
Varicella	Date _____	Date _____	Date _____
Other	Date _____	Date _____	Date _____

Medical Examination – To be filled out by licensed physician

Examination is acceptable when performed no more than 12 months prior to arrival at camp. (If not using this form, please attach most recent physical of no more than 12 months prior to start date of camp).

General appraisal noting any conditions which may impact child’s participation at camp: _____

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in sports camp activities, except as noted above.

Examining Physician Signature

Physician’s Name (Please Print)

Telephone _____ Address _____

Date of Exam _____