



2017 ☐ St. Thomas More July 31 – August 11th 2017

Full Name:		Date of Birth:	M	D	Y
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Address:					
	<i>Street Address</i>	<i>P.O. Box</i>	<i>Apartment/Unit #</i>		
Phone:			E-mail Address:		
School:		Grade (Sept.2016):		T-shirt size:	

Mother's Name: _____	Address: _____
Cell phone: _____	Work phone: _____
Home phone: _____	
Father's Name: _____	Address: _____
Cell phone: _____	Work phone: _____
Home phone: _____	
Additional Contact: _____	Address: _____
Cell phone: _____	Work phone: _____
Home phone: _____	

Please list any medical conditions that may exist

Allergies: NO YES Explain _____

Medical Conditions: NO YES Explain _____

Doctor: _____ Medical Insurance: YES NO

Phone : _____ Insurance Carrier : _____

CAMPERS: Please read and sign the following statement.
 If accepted, I will participate in the Camp program and follow all the rules. I will not bring a cell phone, Ipad, ipad, tablet, DS or other communication devices and/or toys to the camp.

Camper's Signature: _____ Date M / D / Y

PARENTS: Please read and sign the following statement:
 In case of emergency, I give permission for the staff of Innovative Science to select a physician and seek medical treatment for my child. I give permission for photographs of my child to be used for promotional purposes by Innovative Science. I understand that I am financially responsible for property damages caused by my child's behavior.

Parent's Signature: _____ Date M / D / Y

Payment Received: : Fees _____ Cash _____ Check _____ Balance \$ _____