



Cool Off With
CATHOLIC CAMP
I BELIEVE...

July 25-29 2011
9-12 noon
Grades 1st through 6th

Family's Last Name _____ Phone _____

Emergency Contact _____ Emer. Phone _____

Child's Name	Upcoming Grade	Allergies
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Cost: \$25 per child ~ \$50 max per family (Adult Volunteer families are FREE! And childcare available)

VOLUNTEERS ~ 7th graders through Adults

Volunteer 's Name	Grade/Adult	E-mail	Area of Help
_____	_____	_____	_____
_____	_____	_____	_____

Childcare needed for:
 Name: _____ Allergies: _____
 Name: _____ Allergies: _____

MODEL RELEASE STATEMENT

I hereby **GRANT/ DECLINE** (circle one) permission for my child/children named on this form to be photographed and/or videotaped during VBS activities; and for the resulting photographs and/or videotaped footage to be broadcast for the finale VBS activities.

PARENT/GUARDIAN SIGNATURE: _____

REGISTRATION DEADLINE JULY 21

**Camp is for St. Peter the Apostle Parishioner
 Children entering 1st - 6th Grades**