

COUNSELOR REGISTRATION FORM

RETURN THIS FORM WITH REGISTRATION FEE
(credit cards, cash, checks payable to CHC / VCC)

Register Online: www.holycommuniondallas.org and click on the appropriate links.

REGISTRATION WILL NOT BE ACCEPTED WITHOUT PAYMENT!

This camp is an outreach endeavor by parish volunteers and requires a great deal of planning to insure both fun and safety.

COUNSELOR NAME _____ DATE OF BIRTH _____ GRADE NEXT FALL _____

PARENTS NAMES _____

ADDRESS _____ CITY/ZIP _____

PHONES _____ EMAIL ADDRESS _____

EMERGENCY CONTACT INFO _____

PHYSICIAN'S NAME & PHONE _____

T-SHIRT SIZE (Please circle) Adult S M L XL XXL

Camp shirt must be worn every day...

____ Check here to order an **EXTRA T-SHIRT**.
Add \$10 to fee (if more than one, please note how many)

Special Information we should know about your child (Physical Restrictions, Allergies,
Medication, Behavior Problems)

*(Church employees and volunteers will not administer any medication during the camp.
In case of emergency, we will call emergency contact.)*

Parental Agreement

I understand that every effort will be made to insure the safety of my child, but recognize that activities always involve the risk of injury. My permission is given, relative to the above understanding and the effort to contact me immediately, for representatives of CHC to secure whatever medical treatment is deemed appropriate.

Date _____

Parent's Signature _____