

# COUNSELOR REGISTRATION FORM

RETURN THIS FORM WITH REGISTRATION FEE of \$10  
(credit cards, cash, checks payable to CHC / VCC)

Register Online: [www.holycommuniondallas.org](http://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 \_\_\_\_\_