

# Sion Summer Sports Camps for Girls

## Registration Form

*One registration form per child. Print blank form for additional children.*

Camper's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ 2008-2009 Grade: \_\_\_\_\_

School Attending, 2008-2009: \_\_\_\_\_

Parent(s) or Guardians(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

(Street Address, City, State, Zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell/Work Phone (circle one): (\_\_\_\_) \_\_\_\_\_

Parent Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_

Allergies and/or any activities in which child cannot participate: \_\_\_\_\_

*I authorize the program directors to arrange emergency treatment if needed by qualified personnel, including hospital care and ambulance transportation:*

Name of Insurance Coverage: \_\_\_\_\_

Parent of Guardian Signature Required

*I give permission to Notre Dame de Sion to photograph my child for publicity purposes.*

Parent or Guardian Signature Required

Dates: Program: Time: Fees:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Sub-Total: \$ \_\_\_\_\_

Fee Total: \$ \_\_\_\_\_

## Payment Information

\_\_\_\_\_ Money Order or Personal Check enclosed, made payable to Notre Dame de Sion

### Mail this form to:

Notre Dame de Sion

ATTN: Summer Camps

10631 Wornall Road, Kansas City, MO 64114