

St. Paul's Camp Paulooza Registration 2014

Student _____
Last First Middle

Street City State Zip

Parent Daytime Phone Other Phone

Emergency Contact Daytime Phone Other Phone

Parent Email Address Alternate Email Address

School Last Attended Grade Age on June 2

List all child's allergies and treatments needed (Physician's Note may be required from school office)

_____ Male Female
Date of Birth

Church Pastor

Check the Camp Paulooza Weeks you would like to register for:

Camp Paulooza 2014

- ___ Week 1: June 2-6 (Cooking Week)
- ___ Week 2: June 9-13 (Texas Heritage)
- ___ Week 3: June 16-20 (Down on the Farm)
- ___ Week 4: June 23-27 (Adventure Week)
- ___ Week 5: June 30-July 3 (Fun in the Sun)
Closed July 4
- ___ Week 6: July 7-11 (Christmas in July)
- ___ Week 7: July 14-18 (Exploration Week)
- ___ Week 8: July 21-25 (Camping Adventures)
- ___ Week 9: July 28-August 1 (Nature's Discovery)
- ___ Week 10: August 4-8 (All Aboard God's Lightning Train)
- ___ Week 11: August 11-15 (End of Summer Blast!)

****All payments are due at least one week in advance.**

EMERGENCY MEDICAL AUTHORIZATION

I hereby authorize the agents of St. Paul's Preparatory Academy to give consent for any and all necessary medical care for my child _____ while the said child is involved in any St. Paul's Preparatory Academy program. Should legal action, for any reason, be taken against St. Paul's Preparatory Academy or the governing body of St. Paul's Preparatory Academy, I agree to pay any attorney fees, court fees, damages, awards, or other costs that St. Paul's Preparatory Academy, or its agents, or the governing body of St. Paul's Preparatory Academy, or its agents should incur to defend itself/themselves against such action.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

SELF-ADMINISTRATION OF INHALER BY STUDENT

St. Paul's Preparatory Academy is hereby authorized to allow my child _____ to carry his prescribed inhaler on his person at all times. It is understood that this privilege will be revoked if the inhaler is used by anyone other than the child to whom it is prescribed. I acknowledge that this medication is not dangerous if used inappropriately by others. Brand name of prescribed inhaler _____.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Physician's Signature

Date

If the physician's signature cannot be obtained, a copy of the prescription must be attached to this application.

WAIVER OF LIABILITY

I, the undersigned parents, give my consent for our child _____ to attend St. Paul's Preparatory Academy, sponsored by the Faith Christian Center. I hereby agree to hold both the school and the church and their agents harmless for any liability to our child because of any injury or alleged injury to our child. Should legal action be taken for any reason against St. Paul's Preparatory Academy, Faith Christian Center, the governing bodies of the school or church, or any employees or voluntary agents thereof on my child's behalf, I agree to pay any reasonable attorney fees, court fees, damages, or other costs that St. Paul's Preparatory Academy, Faith Christian Center, its governing bodies, employees, or voluntary agents should incur to successfully defend itself/themselves against such action.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

TRANSPORTATION

I give St. Paul's Preparatory Academy permission for my child _____ to take part in all activities, including bus trips, sports activities, and program-sponsored trips away from the premises. Should legal action, for any reason, be taken against St. Paul's Preparatory Academy or the governing body of St. Paul's Preparatory Academy, I agree to pay any attorney fees, court fees, damages, awards, or other costs that St. Paul's Preparatory Academy, or its agents, or the governing body of St. Paul's Preparatory Academy, or its agents should incur to defend itself/themselves against such action.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

PROPERTY DAMAGE

Before my signing of my contract to which this is attached or forms a part thereof, I have read and understand the following expressed commitment provision: Upon the admission of my child as a student in the St. Paul's Preparatory Academy, I do hereby accept total liability for any damage caused intentionally or unintentionally by my child, _____, to any property owned by, or leased to, or otherwise used by St. Paul's Preparatory Academy or its corporate entity, Faith Christian Center, Inc. I will replace any such damaged property by equal and like kind, or I will pay St. Paul's Preparatory Academy or its aforesaid corporate entity, reasonable cost for necessary repair thereof immediately upon the determination of the total amount of such expense or expenses. I further understand and agree that I hereby waive the absence of, or limitation in the amount of, a person's legal liability as a parent or guardian under any common law or statutory law of the state of Texas or the City of Arlington.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

For Office Use Only

Registration Date _____

Paid Registration _____

Immunizations _____

Camp Paulooza _____

Student Age _____