

# WAKACJE Z PANEM BOGIEM-SUMMER CAMP

o. Waldemar Łatkowski CSsR

[www.wakacjebogiem.com](http://www.wakacjebogiem.com)

**Child's Name** \_\_\_\_\_

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ M \_\_\_\_ F \_\_\_\_ Grade Entering \_\_\_\_

School \_\_\_\_\_

## Parent/Guardian Information

**Parent's Name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Home Address \_\_\_\_\_

City, State , Zip \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

**Parent's Name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Home Address \_\_\_\_\_

City, State , Zip \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

## Allergies and Food Intolerances

\_\_\_\_\_ NO known allergies \_\_\_\_\_ YES, my child is allergic to  peanuts  nuts  milk

soy  bees  other \_\_\_\_\_

My child has food intolerance to  gluten  other \_\_\_\_\_

Due to my child's food allergies or food intolerances, I understand I must provide a snack if needed.

**Emergency Medications** \_\_\_\_\_

**Other Medical Issues** \_\_\_\_\_

**Child's Doctor** \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

**Child's Dentist** \_\_\_\_\_

Dentist's Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Please indicate any other information which would be helpful in planning for your child

**NO ELECTRONIC DEVICES ALLOWED DURING THE CAMP**

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**Emergency Information**

Contacts (with permission to make decisions for the health and welfare of my child and can remove child from premises).

1) Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

2) Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

**RELEASES**

If parent(s) or legal guardian(s) cannot be reached in the event of an emergency I do hereby appoint the staff of "Wakacje z Panem Bogiem-Summer Camp" to act in my (our) behalf to administer first aid treatment and/or authorize unexpected medical, dental or surgical care and hospitalization for my child.

I give permission for my child to participate in all nature trail walks and related outdoor activities, visits to the live animal hall, field trips as well as other Summer Camp (SC) activities. I give my permission to SC to take, use, publish and reproduce photographs, slides or video of my child for publicity purposes.

\_\_\_\_ YES \_\_\_\_ NO

I give my permission for my child's name, telephone number, address and parents' names to be included on a list that will be distributed solely to group members. \_\_\_\_ YES \_\_\_\_ NO

I give Summer Camp staff permission to release my child to the contacts listed above. These people have my permission to make decisions as to the welfare and health of my child.

Rozumiem, że Parafia nie ponosi żadnej odpowiedzialności za bezpieczeństwo dzieci w czasie obozu w ..... oraz podczas wszelkich imprez czy zajęć: zabawy, wycieczki, pikniki, itp. Osobą odpowiedzialną będzie: \_\_\_\_\_

(My signature below indicates that as the parent/legal guardian of the minor (minors) from whom this application submitted agrees to release, indemnify, and hold harmless the Polish SC, its directors, appointees, and representatives from any claim arising from said participation in the SC sponsored activities and from any claim arising from participation of my family in the SC sponsored activities.

I also agree to comply with abide by all rules, regulations and policies of the SC and Associations which are affiliated.

\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_  
Parent's Name — Please Print)

ROZMIAR KOSZULKI     **Youth** small..... medium.....large.....xlarge.....

**Adult** small.....medium....large.....xlarge.....

Please make all checks to:     **"Wakacje z Panem Bogiem"**

and send to the following address:     Kasia Pawka,  
66 Columbus Ave,  
Lakewood NJ 08701