

ST. GERARD'S SUMMER PROGRAM REGISTRATION FORM

Please check the summer programs your child will be participating in. Please note that all athletic sessions have no cost to participate. Middle School program also has no cost. High School students \$100 for the 4-week academic program. You may check all that apply

- 7:00 AM (Dropoff School Cafeteria) - 9:00 AM Athletic Workout/Activities
- 9:30 am - 12:30 pm Academic Program (**No cost for Middle School students**) (**\$100 4 weeks for High School students; includes Special IVY STEM for Juniors and Seniors**)
- June 15th to June 19th Special IVY STEM Program (Juniors & Seniors One Week only)
- 12:30 pm – 1:00 pm Lunch (Students should bring a sack lunch.)
- 1:00 pm to 3:00 pm - Athletic Camps (Football, Volleyball, Basketball & Track/YMCA activities)

Student Participant Information

Student Name (s): _____ Student entering Grade:

First: Last: Gender: Male Female

First: Last: Gender: Male Female

First: Last: Gender: Male Female

Address: _____

City, State, Zip Code _____

Student Primary Phone: D.O.B.

Current School Name: _____

Parent/Guardian – Contact Information

Parent/Guardian Name: _____

Address: _____

City, State, Zip Code _____

Primary Phone: Work Phone:

Emergency Contact Information – Alternative Pickup/Release

Emergency Contact #1

Name: _____

First: Last:

Primary Phone: Work Phone:

Emergency Contact #2

First: Last:

Primary Phone: Work Phone:

Registration form due June 2, 2020 Turn in to front office or email form to jgutierrez@stgerardsa.org

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Please list any medical problems, including any requiring maintenance medication (ie. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes No

if yes, explain:

Is your child allergic to any type of food or medication? Yes No

if yes, explain:

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I understand that I will be notified in the case of a medical emergency involving my child. If I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's / Guardian's Initials:

I understand that St. Gerard's will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/ guardian.

Parent's / Guardian's Initials:

St. Gerard's Catholic High School and Regional Middle School is not responsible for lost or damaged personal property. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/ or Physician).

Parent / Guardian Signature:

Date: