

CURLEY SUMMER CAMPS 2017 ENROLLMENT



Archbishop Curley High School
3701 Sinclair Lane
Baltimore, MD 21213
Phone: 410-485-5000 • Fax: 410-483-2545

Carefully read the information in this brochure before completing an application.

Please fill out this enrollment form before you select and pay for the camp

To enroll multiple children, please access and email this form multiple times.

Name of Camper: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Age: _____ Date of Birth: _____ Gender: _____ Grade on 9/4/17 _____

Current School: _____

Allergies & other health concerns: _____

Medication taken regularly: _____

Insurance Waiver Permission: The undersigned parent/guardian, individually and collectively, authorizes the Director of each camp or his designee, in his/her discretion, to obtain and consent to medical treatment for the camper named above. In consideration for the opportunity for the camper to participate in the Archbishop Curley Summer Camp Program, the undersigned parent agrees to waive and release the Archbishop Curley High School and the Roman Catholic Archdiocese of Baltimore from any and all claims, liability and rights to damages for injuries and losses suffered by the camper, or the undersigned, arising out of the camper's participation in the Archbishop Curley Summer Camps Program. I/We acknowledge that the camper is required to comply with all rules, regulations and instructions of the Archbishop Curley Summer Camp Program and its staff.

Parent/Guardian Name (*Typed name below considered authorizing signature*):

_____ Date: _____

Work phone: _____ Home: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Click on the envelope icon above and attach this form to an email to jbowden@archbishopcurley.org