

# CURLEY SUMMER CAMPS 2018 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 9/4/18 \_\_\_\_\_

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](mailto:jbowden@archbishopcurley.org)*