

# Camp Soubirous Registration Form

*A Saint Bernadette Summer Camp for Kids!*

*July 10 - 14, 2017*

Child's Name Please print clearly	M/ F	Rising Grade	Tee shirt size (Included with Registration)					
1			Youth: S M L			Adult: S M L		
2.			Youth: S M L			Adult: S M L		
3.			Youth: S M L			Adult: S M L		
4			Youth: S M L			Adult: S M L		

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Mother's E-Mail

\_\_\_\_\_  
Father's E-Mail

\_\_\_\_\_  
Mother's Cell

\_\_\_\_\_  
Father's Cell

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Emergency Contact (Name and Cell)

Mail or Deliver to the Parish Rectory:  
70 University Blvd E., Silver Spring, MD 20901

**Camp Tuition: Including a Check or Paying Online (circle one)**

\$50 for one camper; \$90 for 2 siblings; \$120 for 3+ siblings

Make checks payable to St. Bernadette Church  
& Write "Camp Soubirous" on the Notation Line.

Or Pay Online: See the PayPal Link at [www.silverspringcatholic.com](http://www.silverspringcatholic.com)

For tuition assistance, email the DRE at [reled@stbernadetteschurch.org](mailto:reled@stbernadetteschurch.org)

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## PUBLICITY RELEASE

Permission is hereby granted to St. Bernadette Church to use the voice/audio recordings, photographs, video, and quotations of children and volunteers who participate to assist in community awareness, educational efforts, and related public relations purposes. I hereby agree to release and hold harmless St. Bernadette Church, the Archdiocese of Washington and their agents, servants, and employees from any and all claims, demands, causes of action and/or liability of whatever kind or nature arising out of or connected to the use of said voice/audio recordings, photographs, videos, or quotations.

I hereby waive any right to compensation, fee or royalty for myself, the participant/student or our successors, heirs, or assigns in connection with the production or use of the aforesaid material.

**Agree / Do Not Agree** (Circle one) to the Publicity Release.

Please list any ALLERGIES or SPECIAL NEEDS:

## EMERGENCY MEDICAL TREATMENT

\_\_\_\_\_  
Pediatrician (Name and City, State)

\_\_\_\_\_  
Medications (Information for emergency medical treatment)

See our Camp Page at [www.silverspringcatholic.com](http://www.silverspringcatholic.com) for  
**Adult Volunteer & Youth Leader (Grades 6-12) Opportunities!**

Questions? E-mail our Camp Directors at [campsoubirous@gmail.com](mailto:campsoubirous@gmail.com)