

APPLICATION AND WAIVER FORM

PLEASE PRINT INFORMATION

Camper's Name _____

Parent/Guardian _____

Address _____

Email _____

City _____ State _____ Zip Code _____

Phone (_____) _____

School _____

Grade in Sept. _____ Age _____ Sex ___M ___F

T-shirt Size (please circle) YS YM YL S M L XL

Band instrument _____

Camp # _____ Amount \$ _____

Camp # _____ Amount \$ _____

Camp # _____ Amount \$ _____

Camp # _____ Amount \$ _____ TOTAL \$ _____

ALL CAMP FEES DUE AT TIME OF REGISTRATION

Send check(s) made payable to: Saint Patrick High School
Brian Glorioso, Camp Director

For Information: 773.282.8844 5900 W. Belmont Avenue
www.stpatrick.org Chicago, IL 60634-5199

CREDIT CARD INFORMATION

Please charge my _____ VISA _____ Mastercard
_____ American Express _____ Discover

Account #: _____ Exp. Date _____

Name on card: _____

Signature: _____

*\$2.00 processing fee will be added to all credit card purchases

THIS SECTION MUST BE COMPLETED

I hereby authorize the staff of the SHAMROCK CAMPS to act to their best judgement in any emergency requiring medical attention. I hereby waive and release Saint Patrick High School and all camp staff from any and all liability for injuries or illnesses while in camp(s).

I understand that my payment is not refundable after the first day of camp.

Parent/Guardian Signature _____

Date _____

Emergency Contact _____

Phone _____

You may also register online at www.stpatrick.org/athletics/camps-clinics*

*Some restrictions may apply.