

SAINT MICHAEL SUMMER PROGRAM REGISTRATION FORM

(Please use one form per student; if photocopying, please duplicate both sides of the form)

Name: _____
 School: _____
 Date of Birth: _____ Age: _____ Grade ***Next Fall:*** _____
 Student lives with: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____

| Date | Total | Pymt (-) | Ref (+) | Balance |
|------|-------|----------|---------|---------|
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Home Phone: _____

Father: _____ Address if different from mailing: _____
 City: _____ State: _____ Zip: _____ Business Phone #: _____
 Mother: _____ Address if different from mailing: _____
 City: _____ State: _____ Zip: _____ Business Phone #: _____

EMERGENCY INFORMATION:

If parent(s) or guardian cannot be reached in an emergency, please call:

Name: _____ Phone: _____
 Doctor: _____ Phone: _____
 Allergies: _____ Asthma/respiratory problems: _____
 Other: _____
 Special medication: _____

AGREEMENT

I hereby grant permission for my child to participate in the Saint Michael Summer Program. I understand that Saint Michael may deny enrollment to or dismiss at any time any student whom it considers not to be participating properly in the program. I also understand that any of the programs receiving an insufficient registration may be canceled.

By enrollment in these programs permission is granted to use any photographs in connection with publicity for the Saint Michael Summer Program.

By enrollment in your programs, permission is given for my child to engage in all program activities except as noted by me and the examining physician. I grant permission for application of first aid, as needed.

In the event of an emergency requiring medical treatment, I understand that the staff of St. Michael will try to reach me by using the telephone numbers listed on this form. In the event that I cannot be reached, I authorize treatment by appropriate medical personnel as approved by the St. Michael staff.

I understand and accept the need for St. Michael to be fully informed as to the physical and mental health of the enrollee. Failure to disclose such essential information at the time of enrollment or upon request of St. Michael can be cause for disenrollment. St. Michael pledges to respect the confidentiality of such information and to use it only for professional purposes.

THE RELEASE STATEMENT: In consideration of the acceptance of the student for enrollment in St. Michael Summer Program I hereby release and discharge St. Michael Lutheran Church and School, its agents, employees, and officers from all claims, demands, actions, judgments, and executions which the undersigned, as parents of the student, ever had or now has, or may have, or which the undersigned's heirs, executors, administrators, or assigns may have or claim to have against St. Michael Lutheran Church and School, its successors or assigns, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or arising out of, the student's enrollment in the St. Michael Summer Program.

Signature of Parent or Guardian _____ Date _____

*Please make checks payable to Saint Michael Lutheran School. Mail or deliver your check and this registration form to:
 Saint Michael Summer Programs, 3595 Broadway, Fort Myers, FL 33901*