

Mission Camp 2018 Registration Form
All Registrations are Due by: Sunday July, 29th
Cost \$90 (Includes all meals and housing)

Youth Name _____

Address: _____

City _____ MI Zip _____

Gender _____ Male _____ Female

T-Shirt Size AS AM AL AXL A2XL A3XL

Parent/Guardian Name (please print)

Parent Email that is checked daily

Best Phone Number to reach you

_____ Text Y or N

Alternate Phone Number

_____ Text Y or N

Dietary Restrictions (Please list):

Allergies: Please list type and reaction:

Medical form on file with St. Andrew? Yes No Unsure

My child, _____

has permission to attend the EDGE Middle School Mission Camp with St. Andrew the Apostle Catholic Church at Firestone Center in Flint, Michigan on August 7-8-9, 2018. Transportation will be provided to and from camp via private car from St. Andrew.

- My child will require medication administered during Mission Camp. Yes No
- I have provided a medication release form with this permission slip
- I acknowledge all medication must be dropped off in its original container and will be dispensed only according to directions on the label.
- My child may receive over the counter medications such as: tums, ibuprophen, Tylenol, antiseptic cream
- I acknowledge my son or daughter will be working
- Bottled Water will be provided at all times.

Parent Signature _____

Date _____

