

Our Lady of The Rosary “Camp Mystery” Registration

Parents Name: _____
Address: _____
City _____ Zip: _____
E-mail Address: _____
Mom cell phone _____ Dad cell phone _____
Home/Work _____
Are you a Parishioner at OLOR? _____ Yes _____ No

***Permission to use pictures of your child or children for summer camp: Circle yes or no**

1. _____
Child's first and last name age DOB Grade completed

Allergies/special needs

2. _____
Child's first and last name age DOB Grade completed

Allergies/special needs

3. _____
Child's first and last name age DOB Grade completed

Allergies/special needs

4. _____
Child's first and last name age DOB Grade completed

Allergies/special needs

The following person(s) have my permission to pick up my child(ren) at dismissal from Summer Camp. They will also be my emergency contact in case I can not be reached. I understand that ONLY parents and those individuals listed on this form may pick up my child(ren). I understand that if there are any additions or changes I must call OLOR at (813) 948-5999.

Name: _____ Phone Number _____

Name _____ Phone Number _____