

# 2017 STM C.A.T.C.H CAMP Registration and Health Form

Camp Location: St. Thomas More School

This Form is for: Basketball (June 5<sup>th</sup> – 9<sup>th</sup>) \_\_\_\_\_ Session 1 (8am – 12noon) \_\_\_\_\_ Session 2 (1pm – 5pm)  
(1<sup>st</sup> – 4<sup>th</sup> Graders) (5<sup>th</sup> – 9<sup>th</sup> Graders)

Soccer / Sports (June 12<sup>th</sup> – 16<sup>th</sup>) \_\_\_\_\_ Session 1 (8am – 12noon) \_\_\_\_\_ Session 2 (1pm – 5pm)  
(1<sup>st</sup> – 4<sup>th</sup> Graders) (5<sup>th</sup> – 9<sup>th</sup> Graders)

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade (for 2016-2017) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
Parent(s) Name(s) \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

**T-Shirt Order.** Each Camper will receive a camp shirt

**Sizes Available (Please Circle Choice):** Youth Sizes: S M L XL Adult Sizes: S M L XL

The cost of the camp is \$250 for one sport or \$450.00 for both sports camps. Please send registration form to the Lower School office - Attention David Tyll or to David directly. Payments will be processed through FACTS once the registration form has been received. If you do not have a FACTS account with STM, please make your check payable to St. Thomas More Catholic School and submit along with the Registration Form to David Tyll or the Lower School office.

**HEALTH HISTORY** Health Information *MUST* be filled out and on file for each person attending camp.

Allergies: Bee Stings \_\_\_ Insect bites \_\_\_ Medications \_\_\_ Plants \_\_\_ Food and Other Allergies \_\_\_\_\_

ADHD \_\_\_ Asthma \_\_\_ Cancer/Leukemia \_\_\_ Convulsions/Seizures \_\_\_ Diabetes \_\_\_ Heart Trouble \_\_\_ Hemophilia \_\_\_ High Blood Pressure \_\_\_ Kidney disease \_\_\_ Recent Surgery or Hospitalization: \_\_\_\_\_

List equipment needed (wheelchair, glasses, contacts, braces) \_\_\_\_\_

List Medical or Dietary needs \_\_\_\_\_

List Condition requiring regular medication? Please describe \_\_\_\_\_

List Medication to be given at camp \_\_\_\_\_

(If your son or daughter will require regular medication at camp it must be turned into the director each morning in its original container with its instructions.)

**WAIVER OF LIABILITY AND CONSENT TO MEDICAL ATTENTION** I approve of my child's participation in all camp activities, with the understanding that such activities carry with them an inherent risk. I hereby agree that I hold David Tyll, St. Thomas More Catholic School and any person(s) affiliated with C.A.T.C.H. or P.A.S.S. CAMPS, harmless of any injury, loss, damage, and any and all liability regardless of circumstance while my child is in their care. I further agree that in the event of an emergency I give permission for medical attention or treatment to be administered to my child by a qualified medical professional. I acknowledge that injuries deemed minor by any staff may be treated on site with first aid practices.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## **2017 STM C.A.T.C.H CAMP** **Competitive Attitudes Through Christian Hearts**

### **Basketball - June 5<sup>th</sup> – 9<sup>th</sup>**

- \* Session 1 (8am – 12noon for 1<sup>st</sup> – 4<sup>th</sup> Graders)
- \* Session 2 (1pm – 5pm for 5<sup>th</sup> – 9<sup>th</sup> Graders)



## **2017 STM P.A.S.S CAMP** **Positive Attitudes Score Success**

### **Soccer/Multi-sport - June 12<sup>th</sup>–16<sup>th</sup>**

- \* Session 1 (8am – 12noon for 1<sup>st</sup> – 4<sup>th</sup> Graders)
- \* Session 2 (1pm – 5pm for 5<sup>th</sup> – 9<sup>th</sup> Graders)

- **Camp Locations at St. Thomas More School**
- **PLEASE E-MAIL DAVID TYLL AT [dtyll@stmcsnc.org](mailto:dtyll@stmcsnc.org) for more information.**
- **Registration Form on other side.**