



# Bishop McManus Academy

Summer Camp Application 2022

13123 I-10 Service Rd. 70128 | (504) 350-2332 | www.bishopmcmanus.com

Grade 2022-2023: \_\_\_\_\_ Sizes (2T - 4T, YXS - YXL, Adult S - Adult 2XL): \_\_\_\_\_ Qty: \_\_\_\_\_

## Applicant Information:

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

*Last* *First* *M.I.*

Address: \_\_\_\_\_

*Street Address* *Apartment/Unit #*

*City* *State* *ZIP Code*

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical Information (include allergies to medications, foods, other substances, etc.):

Child's Doctor Name and Phone: \_\_\_\_\_

## Emergency Contacts:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## Persons allowed to pick up child:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Disclaimer and Signature:

I authorize BMA to allow authorized medical personnel to provide emergency medical care if neither I, my spouse, alternate contact(s), nor my child's doctor can be located immediately.

I give my permission for my child to take part in school activities, including sports and field trips away from school premises. I absolve Bishop McManus Academy from all liability because of injury to my child at school, while transporting or during any of these school-sponsored activities.

I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by enrolling my child(ren) in camp and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at BMA Summer Camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, BMA employees, volunteers, and program participants and their families.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_