



Bishop McManus Academy
Adventure Summer Camp Application 2024
13123 I-10 Service Rd. 70128 | (504) 350-2332 | www.bishopmcmanus.com

Grade 2024-2025: _____

Camp Shirt Size: _____ (YXXS - YXL, AS - 2XL)

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 camp 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 camp-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: _____