



Camp Auxilium ● Salesian Sisters
 14 Old Swartwood Rd. Newton, NJ 07860
 Voice 973-383-2621 ● FAX 973-383-3214
 E-Mail: campauxilium@nac.net
 www.campauxilium.org

Office Use Only		
Group Number		BC
Registration Paid		GC
Other Payment		LC

REGISTRATION FORM

Please print all information

Camper's Last Name		First Name	
Address			
City		State	Zip
Date of Birth		Present Grade	Age
Catholic	Yes	No	First Eucharist Yes No Male <input type="checkbox"/> Female <input type="checkbox"/>
Parent/Guardian			
Home Phone		Work Phone	
Cell Phone		E-mail <i>(needed for billing purposes)</i>	
Emergency Contact Information—Please list someone other than yourself			
Name			
Relation			
Home Phone		Work Phone	
Cell Phone			

Please check the desired weeks. All reservations are subject to the rules in the Camp brochure.

Day Camp
(\$35 non-refundable Registration Fee must be submitted with application).

Week	Day Camp Dates	Number of Days Attending <i>(You are financially responsible for the number of days for which you are registered)</i>
<input type="checkbox"/> Week 1	June 23—June 27, 2008	
<input type="checkbox"/> Week 2	June 30—July 3, 2008 (Closed 7/4)	
<input type="checkbox"/> Week 3	July 7—July 11, 2008	
<input type="checkbox"/> Week 4	July 14—July 18, 2008	
<input type="checkbox"/> Week 5	July 21—July 25, 2008	
<input type="checkbox"/> Week 6	July 28—August 1, 2008	
<input type="checkbox"/> Week 7	August 4—August 8, 2008	

- As a parent/guardian of the applicant, I agree to the terms and regulations of Camp Auxilium as presented in the brochure.
- I am aware of the various activities that are part of the Camp Auxilium Program and allow my child(ren) to participate in these activities. If I do not want my child(ren) to take part in a particular activity, I will notify the Camp Director in writing.
- I give Camp Auxilium the absolute right and permission to use my child's photograph(s) in its promotional materials and publicity efforts in videos, web sites, flyers, poster, brochures, newspapers, ads, or other forms of promotion. I release Camp Auxilium, the photographer, employees and agents from liability for any violation of any personal or proprietary right I may have in connection with such use.

Signature: _____

Date: _____

HEALTH HISTORY

**must be completed for all campers along with
the most recent copy of your camper's immunization history (may be from school or doctor).*

Health	Approximate Date
<input type="checkbox"/> Ear Infections	
<input type="checkbox"/> Asthma	
<input type="checkbox"/> Insect Stings (<i>allergies</i>)	
<input type="checkbox"/> Measles	
<input type="checkbox"/> Rheumatic Fever	
<input type="checkbox"/> Hay Fever	
<input type="checkbox"/> Penicillin (<i>allergies</i>)	
<input type="checkbox"/> German Measles	
<input type="checkbox"/> Convulsions	
<input type="checkbox"/> Poison Ivy, Oak, etc. (<i>allergies</i>)	
<input type="checkbox"/> Chicken Pox	
<input type="checkbox"/> Mumps	
<input type="checkbox"/> Operations or Serious Injuries (<i>Please list</i>)	
<input type="checkbox"/> Chronic or Recurring Illness (<i>Please list</i>)	
<input type="checkbox"/> Allergies (<i>Please list any diagnosed allergies</i>)	

Parents' Authorization-- *This Health History is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached for emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named on the reverse. I further authorize the Camp Director or her designee to provide over-the-counter medication to my child in case of necessity, according to the Camp Physician's Standing Orders.*

Parent Signature _____

Date _____