

St. Adalbert Summer Camp 2026 Application

Camper's Name: _____ Age: _____ DOB: ____/____/____ Sex: M F
Camper's Address: _____ City: _____ ZIP _____
Home Phone: (____) _____ Camper's School: _____
Mother's Name: _____ Mother's Work: (____) _____
Mother's Cell # (____) _____ Email Address: _____
Father's Name: _____ Father's Work: (____) _____
Father's Cell # _____
Emergency Contact Person: _____ # _____
(Full Name and Relationship to Camper)
Allergies / Medical Conditions: _____

Camper's T-Shirt Size: Child Size: __S (6-8) M (10-12) __L (14-16) _____

Adult Size # ____S ____M ____L ____XL

Check Weeks YOU WILL ATTEND CAMP

WEEK 1 – 7/6– 7/10		WEEK 4 – 7/27 – 7/31	
WEEK 2 – 7/ 13 – 7/17		WEEK 5 – 8/1- 8/7	
WEEK 3 – 7/20 – 7/24		WEEK 6 – 8/10 – 8/14	

****Children Must Bring Their Own Lunch****

**With the Application a non-refundable registration fee of \$60.00
and 1st full week of camp payment of \$300.00 is required**

Checks are payable to St. Adalbert's Summer Camp

1- St. Adalbert Summer Camp has permission for my child to participate in all camp programs. Ail trips are additional and a permission slip will be provided for each trip.

2- Any displays of violence or aggressive behavior towards another camper or staff member will result in immediate expulsion without refund.

3- St. Adalbert Summer Camp has the unrestricted right to terminate this enrollment agreement at its sole discretion. In the event of such termination due to camper behavior, St. Adalbert Summer Camp is not obligated to refund any fees or any unused portion of the fees.

4- St. Adalbert Summer Camp has permission to reproduce and publish any photograph, video, or likeness of my child for advertising, commercial or any lawful purpose.

5- St. Adalbert Summer Camp has permission to treat my child for routine, minor injuries such as scrapes and bruises. In the event that a parent, emergency contact or the family physician cannot be contacted in an emergency, St. Adalbert Summer Camp has the permission to have my child examined at a hospital emergency room.

Parent or Guardian's Signature

Date