

# St. Andrew Summer Camp Helper Information Form 2020

Name \_\_\_\_\_ Grade in Fall 2020 \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Town/ST/Zip \_\_\_\_\_  
Email Address \_\_\_\_\_

## I'd like to help with:

\_\_\_\_\_ Kinder Camp (3-5year-old) ..... July 6<sup>th</sup> -10<sup>th</sup> ... 9:00 a.m. - 1:00 p.m.  
\_\_ M \_\_ T \_\_ W \_\_ TH \_\_ F

\_\_\_\_\_ Beach Camp (6-9<sup>th</sup> graders) ..... July 13<sup>th</sup> – 17<sup>th</sup> .... 9:00 a.m.- 3:00 p.m.  
\_\_ M \_\_ T \_\_ W \_\_ TH \_\_ F \_\_ Kayaking Only

\_\_\_\_\_ Day Camp (1<sup>st</sup> - 5<sup>th</sup> graders) .... August 3<sup>rd</sup> – August 7<sup>th</sup> ... 9:00 a.m. - 3:00 p.m.  
\_\_ M \_\_ T \_\_ W \_\_ TH \_\_ F  
\_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

**T-Shirt Size:** *[If you'd like a t-shirt, please indicate your size]*

Youth L

Adult S

Adult M

Adult L

Adult XL

Adult XXL

Parent's Name(s) \_\_\_\_\_ Primary Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Emergency Contact: (*during camp hours*) \_\_\_\_\_  
Phone \_\_\_\_\_

My child is allergic to the following foods, medicines, etc: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If I, or my emergency contact person, are unreachable by phone, I authorize counselors and staff from St. Andrew Lutheran Church to seek emergency medical attention for my child named above, should the need arise.

## Photo Release

I GRANT permission for St. Andrew Lutheran Church to use, and publish photos of me and/or my child(ren) on the church website, social media and/or other publicity.

[ ] I agree.

[ ] I do not agree

## Parent/Guardian

By signing your name you are acknowledging that the information in the form is accurate, and you affirm the Emergency Authorization, and Photo Release choice made.

\_\_\_\_\_  
Please return the completed form to St. Andrew Lutheran Church,  
PO BOX 1259, Charlestown, RI 02813