

Schoenstatt Girls' Youth
SUMMER CAMP
Parent Permission Form



Please mail in this form by May 20, 2017 to:

Schoenstatt Girls' Youth Office
W284 N698 Cherry Lane
Waukesha, WI 53188

First and Last Name: _____

- Registered for: **High School Mission Camp:** June 26th-30th, 2017
 Junior High Camp: July 9th-13th, 2017 (ages 12-14)
 Marian Apostles Camp I: July 16th-20th, 2017 (ages 9-12)
 Marian Apostles Camp II: July 23rd-27th, 2017 (ages 9-12)
 Day Camp I: July 7th, 2017 (ages 6-9)
 Day Camp II: July 14th, 2017 (ages 6-9)
 Day Camp III: July 21th, 2017 (ages 6-9)

Registration Confirmation #: _____

Parental Permission:

Please read the following information and sign your name below:

I _____ herewith give my permission and assume all responsibility and liability for any illness or accident that might occur to my daughter(s) during her(their) participation in the Schoenstatt Girls' Youth Summer Camp / Day Camp. In addition, I authorize my daughter(s) to leave the premises of the International Schoenstatt Center for any day trips that may be included in the camp session. I also authorize medical personnel to provide emergency treatment in case I cannot be reached.

Signature of Parent or Guardian (required)

Please include a **non-refundable \$5 deposit** with this form to secure your registration. The remaining balance (\$90 for week camps, \$10 for day camps) is payable on arrival. Thank you!

Office Use Only:

Check #: _____

Date: _____

Amount: _____