

# Royal Palm Academy-Summer Camp 2025-Participant Registration Form

## Child 1

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Advancing to Grade: \_\_\_\_\_ Gender: M / F (Circle One)

## Child 2

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Advancing to Grade: \_\_\_\_\_ Gender: M / F (Circle One)

## Child 3

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Advancing to Grade: \_\_\_\_\_ Gender: M / F (Circle One)

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Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Authorized persons other than parent/guardian who may pick up your child:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, if we cannot get ahold of the parent/guardian names listed above, please provide another name and number below:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Photo/Media Release: May we take pictures of your child for media release, advertisement, website, and other social outlets?

\_\_\_ Yes \_\_\_ No

Medical Information

Permission of Enrollment and release of Royal Palm Academy from liability

I give my child/children permission to participate in Royal Palm Academy activities. I understand that even when every reasonable precaution is taken, accidents can still happen. Therefore, in exchange for Royal Palm Academy allowing my child/children to participate in RPA activities, I understand and expressly acknowledge that I release RPA staff from all liability for any injury, loss or damage connected in any way whatsoever to participation in RPA activities whether on or off RPA premises. I understand that this release includes any claims based on negligence, action or inaction of the RPA, its staff, and administration. I have read and am voluntary signing this authorization and release.

I have read this form and grant permission for my child, Child #1 \_\_\_\_\_, Child #2 \_\_\_\_\_, Child #3 \_\_\_\_\_ to participate in all activities provided by Royal Palm Academy.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization for Medical Treatment

If my child, Child #1 \_\_\_\_\_, Child #2 \_\_\_\_\_, Child #3 \_\_\_\_\_, should become sick or injured during activities at Royal Palm Academy Summer Camp, I understand that the staff at Royal Palm Academy will: 1) contact me immediately, 2) contact the persons I have designated to reach in case I cannot be reached.

If for some reason RPA cannot reach me or the persons designated, RPA is authorized to contact my physician or arrange for immediate medical treatment to ensure safety and health of my children.

I accept responsibility for payment of medical services rendered.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical or other information: (i.e. allergies, medical, physical or emotional conditions, or special needs. Please specify.)

Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

Child 3: \_\_\_\_\_

Physician Name/Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I have read and received a camp parent handbook and agree to follow all policies stated.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*The Mission of Royal Palm Academy is to partner with families to provide an education of rich academics with Catholic formation. We teach the mind, educate the heart, and form the character of tomorrow's leaders.*