

2015 CAMP MAGIS

Jesuit Academy
2311 North 22nd St., Omaha NE 68110 – (402) 346-4464
July 20th-24th

Camp Magis Registration Form:

Please print your answers and return this form to Jesuit Academy by Monday, June 1st.

Name of Applicant: _____

Date of Birth: _____

Home Address: _____

City, State, Zip: _____

School: _____ Current Grade: _____

Is your son enrolled in special education courses other than speech or language? _____

Name of Parent or Guardian: _____

Parent's Cell Phone Number: _____

Parent's Work Phone Number: _____

Name, Number, and Relationship of Emergency Contact: _____

HEALTH HISTORY

My child is allergic to:

My child has allergic reactions to:

Any special problems of which we should be aware? _____

My son cannot participate in the following physical activities:

In the event that my consent is not readily obtainable, permission is hereby given to the officials of Jesuit Academy to authorize such medical treatment, including an emergency operation, as they may be advised is necessary for my son. I realize that the financial responsibility for such treatment or surgery is mine.

Parent and Student Promise

For the Student Applying:

I promise to be present every day and will arrive on time.

I promise to be on my best behavior.

I promise to attend the full week.

Signature of Student

For Parents:

I would like my son to attend Camp Magis and will see that he is present each day on time (9:00).

I promise I will allow my son to attend the full week. I understand that my son can be dismissed for misbehavior.

Signature of Parent/Guardian:

Parent's Signature

Date