NO REFUNDS. ALL trips must be paid in advance. NO EXCEPTIONS. Price includes admission fees and transportation costs. These are paid to the establishments in advance of the day of the trip and refunds are not permitted.

Hold Harmless and Permission for Trips and the Pool Medical Information Required

All medical information is kept strictly confidential. It is extremely important that we have all necessary medical information concerning your child. In the event of an emergency requiring medical care and treatment I authorize any physician, hospital, or other healthcare provider to administer care. I also give permission for the transport to/from physician or hospital by ambulance. I do hereby release Limerick Township, its agents, and employees from any and all liability and claim that either party may suffer as a result of emergency treatment.

Family Physician:		_ Office Phone:	
Allergies? YES, NO If yes, pleas	e explain:		
Medical Conditions? YES, NO If	yes, please explain:		••
Medications? YES, NO If yes, pl Medications MUST be given to ca are NOT permitted to carry them in paperwork not be given. this may u	mp counselors and additional pa their bags. Counselors have the	e right to refuse to give m	edication should proper
Does your child require accomm	odations due to health, physical	, social, cognitive and/or	behavioral needs? YES NO
FOR STC ELC OFFICE USE ONLY:	Entered in Tadpoles:	Received t-shirt:	Initials
recreation programs/trip Camp. In consideration of do hereby agree to hold h Philadelphia, its employe of any and all injuric programs/trips. In addition St. Teresa of Calcutta Camps. I also waive the i	participation in the above parmless and indemnify S les, agents, and volunted es sustained as a result on, I understand and abid Education Center/Early	sa of Calcutta Educ ve-named recreation St. Teresa of Calcu ers against any clai of participation in the de by the cancellation Learning Center as the charges once he	cation Center Summer on programs/trips, I/wo tta, The Archdiocese o ims for and on account the above-named ion and refund policies s stated for Summer /she have participated
Signatu 	re of Participant or Gu	ardian (if under aç	ge 18):
	Date:		
Signature confirms that participa	nt has read and agrees to St. Ter Hold Harmless Agi		n Center/Early Learning Cente
I hereby give the child registration form with Center Summer C	IMPORTANT TRI esponsible for anything worn for all trips or ci bus. I named above permis the St. Teresa of Calci amp Programs. I also g chool bus by Custer's destinati	g they bring with amper will not be sion to attend the cutta Education Cigive permission to Bus Company to a	allowed to board the trip(s) listed on their enter/Early Learning or the child to be
Parent	/Guardian Signature		Date