

SONshine Days 2022

REGISTRATION FORM

Please make checks payable to St. Anthony Parish, (memo: SONshine Days)
 Return to St. Anthony Parish Ministry Center, Attn: Micie DelosReyes
 314 S. 4th St. Renton, WA 98055

Parent(s)/Guardian(s) Name _____

Telephone _____ Email _____

Child's Name	Age	Birthdate	Grade next Fall	Health Concerns/ Restrictions/Medications	Check this box for those interested to be youth assistants

_____ I would like to volunteer. Please call me (phone) _____

or e-mail me _____

Emergency Contacts

Parent(s)/Guardian: _____ Phone # _____

Other Contact: _____ Phone # _____

Child's Physician: _____ Phone # _____

I give permission for my child(ren) to participate in St. Anthony "SONshine Days" from July 12-15, 2022 at St. Anthony Parish grounds. I understand that this event will be supervised by designated adult parish employees and volunteers. I also give consent for emergency medical treatment if necessary. I request that, if possible, I be contacted prior to treatment at the above phone numbers.

Parent/Guardian Signature _____ Date _____

Images of campers participating in Sonshine Days activities may be posted on the St. Anthony Parish website. No names will be used, however, if you would rather your child's picture not be included, please initial on the line below.

Please do not include pictures of my child/children on the St. Anthony website. _____