



Caduceus Camp  
700 MedHigh Drive, Mercedes, TX 78570

Please print or type clearly:

\_\_\_\_\_  
Name of rising 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> or 6<sup>th</sup> grader

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZipCode

Name of Parent or Guardian: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Does child have any food allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list allergies: \_\_\_\_\_

Child's T-Shirt size: Adult: **S M L** \_\_\_\_\_ Youth: **S M L** \_\_\_\_\_

Projected year of High School Graduation \_\_\_\_\_ Rising 3<sup>rd</sup>

\_\_\_\_\_ Rising 4<sup>th</sup>

\_\_\_\_\_ Rising 5<sup>th</sup>

\_\_\_\_\_ Rising 6<sup>th</sup>

Signature of Student: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_



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**Media Permission Form**

**Caduceus Camp**

Student's Name: \_\_\_\_\_

Session Attended: \_\_\_\_ Caduceus Camp I – 3<sup>rd</sup> or 4<sup>th</sup> grade (June 24 - June 25)

\_\_\_\_ Caduceus Camp II – 4<sup>th</sup> or 5<sup>th</sup> grade (June 26 - June 28)

\_\_\_\_ Caduceus Camp III – 5<sup>th</sup> or 6<sup>th</sup> grade (June 12 – June 14)

\_\_\_\_\_ I hereby grant permission to use my child's name, picture, and comments in materials (television, video, world-wide-web, audio, printed media) used to promote the Med High Caduceus Camp.

\_\_\_\_\_ I do not give such permission.

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date

**\*\* Registration for each camp: \$30.00**

\*\*Please submit completed application to [sylvia.odoms@stisd.net](mailto:sylvia.odoms@stisd.net) or call (956) 565-2237

\*\*If you have any questions about this form, please contact Amanda Odom or Jaclyn Buelow, STISD Public Relations and Marketing at (956)514-4255.