

Blessed Sacrament Huguenot Catholic School
2019 Summer Camp Registration Form

Student's Name _____

Home Address _____

Rising Grade _____ (*all camps based on rising grade*) Current School _____ Gender: M ___ F ___

Date of Birth _____ Current Age _____ (*must be potty-trained*) Ethnicity _____

Guardian 1 Name _____ Email _____

Email required for camp communication Home

Phone _____ Work Phone _____ Cell Phone _____

Guardian 2 Name _____ Email _____

Email required for camp communication Home

Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Name _____ Phone Number _____

How did you learn about our Summer Program? (If word of mouth, from whom?) _____

Medical Information and Waivers

Student's Name _____

Insurance Company _____ Policy Number _____ **Does your child have any allergies?**
___ YES ___ NO If yes, please list them.

Does your child have a medical condition which requires specific needs? ___ YES ___ NO If yes, please list or attach any necessary information. If I cannot be reached in the event of an accidental injury of my child, I give the Supervisor, being defined as the individual in charge of activities on any given date, permission to have First Aid and/or Treatment started at the nearest medical facility.

Parent/Guardian Signature Date

I hereby give permission for my child's participation in the Blessed Sacrament Huguenot Summer Program, and all related activities. I assume all risks and hazards inherent and incidental to the conduct of those activities. I also hereby release, absolve, indemnify, and waive all claims and hold harmless Blessed Sacrament Huguenot Catholic School, organizers, supervisors, employees, volunteers, sponsors, and any facility providers. I also release from responsibility any person transporting my child to or from the nearest medical facility in case of injury. All above holds true as long as my child participates in any Blessed Sacrament Huguenot Catholic School sponsored program or related activity.

Parent/Guardian Signature Date

I hereby give permission to allow publication through various media publications of my child's creative efforts including stories and artwork, use of my child's name (but no picture) in school publications, use of my child's picture (but no name) in school publications, or use of my child's picture and name in a newspaper or other external media. _____

Parent/Guardian Signature Date

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Please check all camps below that your child will be attending (one camper per registration form please).

_____ **Week 1: Knights of Summer STEAM (June 11-14 BSH closed 6/10)** - \$175 9:00-12:00 PS3-5th grade
_____ Knights of Summer Extended Care (PS3-5th grade) - *included* (Before 7:30-9:00 and/or after 12:00-5:30)

_____ **Week 2: Knights of Summer Bikes & Trikes (June 17-21)**- \$175 9:00-12:00 PS3-5th grade
_____ Knights of Summer Extended Care (PS3-5th grade)- *included* (Before 7:30-9:00 and/or after 12:00-5:30)

_____ **Week 3: Knights of Summer Water Camp (June 24-28)** - \$175 9:00-12:00 PS3-5th grade
_____ Knights of Summer Extended Care (PS3-5th grade) -*included* (Before 7:30-9:00 and/or after 12:00-5:30)

_____ **Week 4: Knights of Summer Craft Camp (July 8-12)** - \$175 9:00-12:00 PS3-5th grade
_____ Knights of Summer Extended Care (PS3-5th grade) - *included* (Before 7:30-9:00 and/or after 12:00-5:30)

_____ **Week 5: Knights of Summer Sports Camp (July 15-19)** - \$175 9:00-12:00PS3-5th gr
_____ Knights of Summer Extended Care (PS3-5th grade) – *included* (Before 7:30-9:00 and/or after 12:00-5:30)

_____ **Week 6: Knights of Summer Cooking Camp (July 29-Aug 2)** - \$175 9:00-12:00 PS3-5th grade
_____ Knights of Summer Extended Care (PS3-5th grade) - *included* (Before 7:30-9:00 and/or after 12:00-5:30)

_____ **Week 7: Knights of Summer Water Camp (Aug 5-9)** - \$175 9:00-12:00 PS3-5th grade
_____ Knights of Summer Extended Care (PS3-5th grade) - *included* (Before 7:30-9:00 and/or after 12:00-5:30)

MATERIALS AND SUPPLIES FEE: additional \$5.00 per wk

Example: Water camp \$175.00 + \$5.00= \$180.00/camp *IF*

ATTENDING MORE THAN ONE KNIGHTS OF SUMMER

CAMP, please pay for 1st week upon registration along with

materials fee for all camps attending. Example: 3 camps

-\$175.00+ \$15.00 due at registration.

PLEASE RETURN SUMMER REGISTRATION FORM AND FEES BY 5/1/19

CHECKS MADE PAYABLE TO BSH Attention:Jillayne Merritt or Janet Trivett

Blessed Sacrament Huguenot Catholic School 2501 Academy Road, Powhatan, VA 23139

Phone: (804) 598-4211 | Fax: (804) 598-1053

Sessions will be filled on a first-come, first-serve basis as completed registration forms AND fees are received . An email confirmation will be sent when your camper's slot has been reserved and again when the camp has been confirmed with the minimum number of registrations. Payments will be processed at the time of this second email confirmation and are non-refundable once processed. Any camp not reaching the minimum of 10 campers will be cancelled and fees will be returned. _____ **Parent Initials**