

Please circle which week your child(ren) will be attending.

Week 6/19-6/23
 Week 6/26-6/30
 Week 7/3-7/7
 Week 7/10-7/14

CELTICS ENDLESS SUMMER CAMP REGISTRATION FORM

PRE-K 1 through incoming 8th Grade



STUDENT INFORMATION

Camper Name (1):	T-Shirt Size (YXS-YXL):	Date of Birth:
Camper Name (2):	T- Shirt Size (YXS-YXL):	Date of Birth:
Camper Name (3)	T-Shirt Size (YXS-YXL):	Date of Birth:

Mother's Name: _____

Cell Phone: _____ Personal Email: _____

Father's Name: _____

Cell Phone: _____ Personal Email: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Person	Relationship to Student:	phone no.: ()	phone no.: ()
Emergency Contact Person	Relationship to Student:	phone no.: ()	phone no.: ()

Allergies if any (please explain): _____

Dismissal: Parent/Relative Pick-up Carpool with: _____

List Persons able to pick up your child after camp: _____

I understand that I am financially responsible for any balance. Registration fee in non-refundable.

Parent/Guardian signature *Print Name* *Date*

I, the undersigned, do waive and release Immaculate Conception Catholic School, The Archdiocese of Miami, Inc., and all their corporate members, employees, officers, directors, affiliates and agents ("Released Parties") from any expenses, costs, claims or liability for any injuries or damages that may be incurred in any way associated with the participation in after school activities at Immaculate Conception Catholic School or in any way related thereto.

I understand that these activities involve some risk, and I hereby agree to assume such risk as a condition of the acceptance and participation in these activities.

I hereby grant the Released Parties the full authority to take whatever actions they may consider in their sole discretion to be warranted under the circumstances concerning the above registered child's health and safety and fully absolve the Released Parties from any liability or costs associated with such decisions or actions that may be taken in connection therewith. I authorize the Released Parties, at their discretion, to place my child, at my own expense and without further consent, in a hospital that is readily available and/or to place him or her in the hands of a local physician for treatment, should the need arise.

I agree to comply with all the Released Parties' rules and directives.

Parent/Guardian signature *Print Name* *Date*

Registration Fee: \$75 per family (to be paid at time of Registration)
\$190 per week per camper
\$180 per week (siblink camper discount)

Questions: Contact Fatima Vazquez
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