

# 2024

# SUMMER CAMP REGISTRATION FORM



Registration Fee: \$75 per family (to be paid at time of registration)

## REGISTRATION FORM

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

Week of June 17th

Week of June 24th

Week of July 1st

Week of July 8th

\$190 per week per camper

\$180 per week (sibling camper discount)

## CAMPER INFORMATION

CAMPER NAME (1)

T-SHIRT SIZE

(YXS-YXL):

DATE OF BIRTH:

CAMPER NAME (1)

T-SHIRT SIZE

DATE OF BIRTH:

CAMPER NAME (1)

T-SHIRT SIZE

DATE OF BIRTH:

Mother's Name :

Cell Phone:

Father's Name :

Cell Phone:

Parent E-Mail :

Emergency Contact :

Telephone :

Emergency Contact :

Telephone :

List any allergies

Please list the names of individuals allowed to pick up:

Full Name:

Relationship:

Full Name:

Relationship:

I, 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 their sole discretion to be warranted under the circumstances concerning the above registered child's health and safety and fully absolve 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 Released Parties' rules and directives.

Parent Signature

Date