



Please print all of your information clearly.

Turn in Registration Form with your non-refundable deposit of \$100 per camp, per child to the school office in an envelope marked BSS SUMMER CAMP.

Child's Name _____
Age _____ D.O.B. _____
Parents' Names _____
Address _____
City _____ State _____ Zip _____
Home Phone _____
Work Phone _____
Emergency Phone Number _____
Email address _____

Which sessions would you like to attend? (X all that apply)

Session 1: June 17th-21st _____ USA Camp \$380.00

Session 2: June 19th-23rd _____ Going for the Gold Camp \$380.00

Camp Counselor Session 1 _____

Camp Counselor Session 2 _____

Please circle a T-shirt size Youth: Small Medium Large Adult: Small Medium Large

****Registration form must be turned in by May 15th to be guaranteed a t-shirt.**

_____ Enclosed is a check for \$100 per child per session as a non-refundable deposit fee. I understand. that the remaining balance is due on or before the first day of camp.

_____ Enclosed is a check to cover the entire camp fee. Should I decide I no longer want my child to attend camp, before the first day, all but \$100 will be refunded. If I cancel after the first day of camp I understand that there will be no refund.

Parental Consent:

I give my child permission to participate in the day camp indicated above. I do not know of any physical impairment which would keep my child from participating in the camp's program. Upon signing this form, I agree that in the case of an accident, while participating in Blessed Sacrament Day Camp, I release the camp, the camp director, Blessed Sacrament School, and other educational facilities that may be used for camp from any and all liability.

Parent/Legal Guardian Signature

Date
