



Please print all of the information clearly. Turn it in to the school office with the deposit 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 13-17th- A Splatter of Color -\$375.00

_____ Session 2- June 20- June 24th- Monster Camp \$375.00

***T- shirt size- Youth: Small Medium Large Adult: Small Medium Large

___ 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. Blessed Sacrament Camp has the right to cancel camp if Covid restriction change. A full refund will be provided to you if that should happen.

___ 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. Blessed Sacrament Camp has the right to cancel camp if Covid restriction change. A full refund will be provided to you if that should happen.

Parental Consent:

I give my child permission to participate in the day camp indicated above. I have no knowledge 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

BSS Summer Camp will follow all the Covid-19 policies that were put into place for the school year. A few adjustments may be made if restriction for have change.