



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 14th -16th Summertime Camp \$225.00**

_____ **Session 2: June 19th-23rd Carnival Camp \$380.00**

_____ **Session 3: June 26th-30th Rodeo Camp \$380.00**

Please circle a 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.

_____ 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 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