

2020 SBE Summer Camp

Program Application
Entering PK-3 to Grade 8
(Thanks for printing legibly or typing!)

FOR OFFICE USE ONLY

Rec'd \$ _____
Rec'd by _____
Receipt Issued: Yes or No
Issued by: _____
Age _____
Session: 6 weeks or _____
Grade: _____

Cost of Camp: \$85 Registration Fee (Non-Refundable)
\$175 per week (Total Cost of \$1,050 if paid in full)
(June 15 – July 24, 2020 from 7:00 a.m. to 6:00 p.m.)

1. CHOOSE A SESSION

• Circle the week(s) you wish to attend.

_____ Week 1: June 15 – June 19 _____ Week 2: June 22 – June 26 _____ Week 3: June 29 – July 2

_____ Week 4: July 6 – July 10 _____ Week 5: July 13 – July 17 _____ Week 6: July 20 – July 24

2. CAMPER AND PRIMARY CONTACT INFORMATION

Name of Student: _____ Date of Birth: _____ Grade Entering: _____

T-Shirt Size (circle one): **Youth:** XS SM MED LG *or* **Adult:** SM MED LG

Name of Parent/Guardian/Primary Contact: _____

Father's Name: _____ Mother's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

Email address you check frequently: _____

Best way to contact you? (circle one) **Home Phone** **Cell Phone** **Email**

3. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

Second Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

4. SAFETY INFORMATION (please list all known conditions so we can accommodate your camper's needs)

Does your camper have any medical conditions, allergies, or special needs the staff should know about?

Does your camper have any behavioral or emotional issues the staff should know about?

Is your camper taking any medications to treat these conditions?

5. EMERGENCY AUTHORIZATION

I, the undersigned, parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of St. Brendan Elementary School on behalf of the Archdiocese of Miami, Inc., and all of their corporate members, affiliated entities, employees, officers, directors and agents (“Sponsor”) are primarily administered by compensated employees as well as volunteers that are not paid and hold no professional training. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I (for myself as well as for my child, his/her heirs and assigns) hereby release, discharge and hold harmless Sponsor from and against any and all claims arising out of or relating to illness, physical injury, death or other damages that may result to said individual while participating in a Sponsor event, including any physical injury by negligence of any volunteer while performing his/her duties during any practices or games. I attest that my child is physically capable to participate in all events. However should camp director/volunteers/employees determine in their sole discretion that completion or participation in any events would be injurious to my child’s health or should my child become ill or injured, I consent to his or her removal and treatment by any physician or medical care provider at the direction of the volunteers, camp director and employees. I give my permission for free use of my child’s name and picture in broadcasts, telecasts or written accounts of any game and or events that is held by Sponsor.

Signature of Parent/Guardian _____ **Date** _____

Late Pick Up Policy:

The Camp closes promptly at 6:00 p.m. Parents are required to notify the Camp as soon as possible, if they are unable to arrive by closing time. If a child remains in the camp past 6:00 p.m., a late fee of \$1.00 per minute thereafter will be charged. Time will be calculated using clocks at the Camp site. Parents must sign a late sheet as they are leaving Summer Camp. Cash payment must be made to the office within 24 hours. Violation of the late fee policy may, at the absolute discretion of the Camp, result in termination of Summer Camp services. If a child is left past 6:00 without notification from parents, all attempts will be made to contact the parents and emergency contacts for immediate pick-up.

For any questions or additional information, contact:

Mr. Robert J. Caminas

Summer Camp Director

Email: rcaminas@stbrendanmiami.org