

Our Lady of Lourdes Summer Camp Registration Form

Please return this registration form and check (payable to OLL) via the school office. You may also register online at:

<http://www.lourdesvan.org/media/lab/camps/registration.html>

Please circle desired sessions:

Creative Writing & Illustration	June 23-27	9:00-12:00
Functional Art	June 23-27	1:00-4:00
Move & Groove	July 21-25	9:00-12:00
Fun with Fitness & Movement	July 21-25	1:00 - 4:00
Fiber Arts	July 28-August 1	9:00-12:00
Creative Mixed Media	July 28-August 1	1:00-4:00
Technology	August 11-15	9:00-12:00
Basketball	August 11-15	1:00-4:00

Summer Camp Fees

AM Sessions (9:00-12:00)

- 1 student: \$85
- 2 students: \$150
- 3 students: \$225

PM Sessions (1:00-4:00)

- 1 student: \$85
- 2 students: \$150
- 3 students: \$225

ALL Day Sessions or both an AM and a PM Camp (9:00-4:00)

- Each student: \$150

Registration Form continued...

(Circle One)

Student Name #1: _____ Age: _____ T-Shirt Size: S M L

Student Name #2: _____ Age: _____ T-Shirt Size: S M L

Student Name #3: _____ Age: _____ T-Shirt Size: S M L

Parent Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

E-Mail Address: _____

Emergency Contact: _____ Emergency Phone: _____

Medical Concerns/Allergies: _____

Early Morning and Late Afternoon Care

Childcare may be available before (7:00–9:00 a.m.) and after (4:00–6:00 p.m.) each session, if needed. Cost is \$5.00 per two-hour block or \$10.00 per day for both AM and PM care. Contact Lisa Dean (ldean@lourdesvan.org) to make arrangements in advance.

DISCLAIMER

I agree on behalf of myself, my child, or our heirs, successors and assigns, to hold harmless and defend Our Lady of Lourdes, its officers, directors and agents, and the Corporation of the Catholic Archdiocese of Seattle, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents, and the Corporation of the Seattle Archdiocese, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: _____ Date: _____