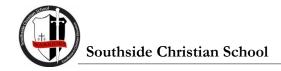


5:00pm-8:00pm HS Boys Soccer (with Mr. Sweat)

2019 REVISED Summer Camp Registration

Student Name	Grade in Fall DOB		
 The fee for each camp session is \$125. A \$25 per-camp deposit is due with this registration. Make checks payable to Southside Christian School. The remaining balance for each camp is due the firm the Students should be register for camps based on the should be check all camp sessions this child will attend the should be register. 	ol. rst day of camp. e grade they are entering in the fall.		
June 3 - 6	June 10 - 13		
rades K – 5 12:30pm-3:30pm Art Camp (with Mrs. Snapp)	Grades K – 2 9:00am-12:00pm Beads and Bows Camp (with Ms. Shouse) 12:30pm-3:30pm STEM Camp (with Mrs. Snapp)		
rades 3 – 5 9:00am-12:00pm Meteorology Camp (with Mr. Lattin)	Grades 3 – 5 9:00am-12:00pm STEM Camp (with Mrs. Snapp)		
rades 6 – 12	Grades 4 – 8		
6:00pm-8:00pm US Girls Soccer Camp (with Mr. Braxton) (grades 6 – 12)	12:30pm-3:30pm Woodworking Camp (The Pettets)		
6:00pm-8:00pm MS Boys Soccer Camp (with Mr. Laughlin) (grades 6 – 8)	Grades 6 – 8 9:00am-12:00pm Meteorology Camp (with Mr. Lattin) 9:00am-11:00am MS Girls Volleyball Camp (Mr. Hobbs)		
June 24 - 27			
rades 9 – 12	u v		



2019 Summer Camp Medical Release

Student Name	Grade in Fa	all DOB	
The following information is requ for any student who is prescribed an in Admissions page. Students with Action for the summer.	nhaler or Epi-Pen. This form m	ay be downloaded from the s	school website
Address			
Father Name/Phone	Mother Name	e/Phone	
Person to call for emergencies (if other	r than parent)		
Health insurance carrier:	Policy #:	Under the name of	:
Relationship to student:	Date of last tetanus shot:	Preferred hos	pital:
Allergies (including reactions to medic	eation)		
Are there any physical or medical cond	ditions we should know about n	ot already stated?	
Medication being taken:			
The following people have permission	to pick up my child		
Although the school desires to punderstand that there are risks/dangers in to participate in this event, I/we assume reagree to hold harmless Southside Christia volunteer and other drivers, from any and to claims of intentional (criminal) miscond are proved in a court of law, I/we acknowle insurance policy in force. In case of accident, illness, or of parent/guardian after conscientious effort dentist. If a life-threatening emergency exime/us as soon as possible thereafter.	esponsibility for those ordinary and an School, its affiliated organization all claims arising from my child's uct or gross negligence by the school dge and agree that the school can a her emergency, I/we request that the J/we give permission for school s	activities. In consideration of magnetic reasonable risks associated with the second representation. This release agreedly, its employees, or volunteers, assume no financial liability beyon the school contact me. If the second reason representation is staff to call paramedics or any	ny child being allowed ith the activities. I/we esentatives, including eement does not apply If such circumstances ond its actual liability school cannot reach a licensed physician or
I/we authorize and consent to any hospital care which, in the best judgment or responsibility for expenses incurred as a remergency medical transportation.		deemed advisable. I/we agree to	o assume the financial
Father/Guardian - Print and Sign / Da		Mother/Guardian – Print a	nd Sign / Date