



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 first day of camp.
- Students should be register for camps based on the grade they are entering in the fall.

Please check all camp sessions this child will attend this summer.

June 3 - 6	June 10 - 13
Grades 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)
Grades 3 – 5 _____ 9:00am-12:00pm Meteorology Camp (with Mr. Lattin)	Grades 3 – 5 _____ 9:00am-12:00pm STEM Camp (with Mrs. Snapp)
Grades 6 – 12 _____ 6:00pm-8:00pm US Girls Soccer Camp (with Mr. Braxton) (grades 6 – 12) _____ 6:00pm-8:00pm MS Boys Soccer Camp (with Mr. Laughlin) (grades 6 – 8)	Grades 4 – 8 _____ 12:30pm-3:30pm Woodworking Camp (The Pettets) 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
Grades 9 – 12 _____ 5:00pm-8:00pm HS Boys Soccer (with Mr. Sweat)



2019 Summer Camp Medical Release

Student Name _____ Grade in Fall _____ DOB _____

The following information is required for each camper. Please note that an Allergy Action Plan is required for any student who is prescribed an inhaler or Epi-Pen. This form may be downloaded from the school website Admissions page. Students with Action Plans on file from the school year are NOT required to submit a new form for the summer.

Address _____

Father Name/Phone _____ Mother Name/Phone _____

Person to call for emergencies (if other than parent) _____

Health insurance carrier: _____ Policy #: _____ Under the name of: _____

Relationship to student: _____ Date of last tetanus shot: _____ Preferred hospital: _____

Allergies (including reactions to medication) _____

Are there any physical or medical conditions we should know about not already stated? _____

Medication being taken: _____

The following people have permission to pick up my child _____

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in camp activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the activities. I/we agree to hold harmless Southside Christian School, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to immediately call paramedics and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

Father/Guardian - Print and Sign / Date

Mother/Guardian - Print and Sign / Date