



**SUMMER
FUN!**

**FIELD
TRIPS!**

**INDOOR/
OUTDOOR
ACTIVITIES!**

**June 17th - July 26th
7am - 6pm**

AGES

Entering PK3 - 8th Grade

COST

Registration Fee:

\$85.00 (non-refundable)

Weekly Fee: \$175.00*

** Half-Day weekly Fee: \$100.00*

** If paid in full, total cost is \$1,100.00*

Price includes:

- Lunch
- Field trips
- 2 SBE Summer Camp T-shirts

If interested, please fill out the attached SBE Summer Camp Form, and turn in at the school office.

For questions please contact:

Mr. Robert J. Caminas

rcaminas@stbrendanmiami.org

2019 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: 5 weeks or _____
 Grade: _____

Cost of Camp: \$85 Registration Fee (Non-Refundable)
\$175 per week (Total Cost of \$1,100 if paid in full)
(June 17 – July 26, 2018 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 17 – June 21 _____ Week 2: June 24 – June 28 _____ Week 3: July 1 – July 5
 _____ Week 4: July 8 – July 12 _____ Week 5: July 15 – July 19 _____ Week 6: July 22 – July 26

2. CAMPER AND PRIMARY CONTACT INFORMATION

Name of Student: _____	Date of Birth: _____	Entering Grade: _____
T-Shirt Size (circle one): Youth: XS SM MED LG <i>or</i> 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 Archdiocese of Miami, Inc., and all of their corporate members, affiliated entities, employees, officers, directors and agents (“Sponsor”) are primarily administered by adults, who volunteer their time, rather than by paid, trained professionals. 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