

ST. KATERI TEKAKWITHA SUMMER SPORTS CAMP 2023

CAMPER'S NAME:	GENDER:	D.O.B. (MM/DD/YYYY) and AGE
MAILING ADDRESS:		
PHYSICAL LIMITATIONS/MEDICAL CONDITIONS/ALLERGIES:		HEALTH CARD # (optional):
FRIENDS/SPECIAL REQUESTS:		HOW DID YOU HEAR ABOUT US?

SESSION (PLEASE CHECK ANY/ALL CAMP SESSIONS YOU WISH TO ATTEND)

Camp Location - *ST. KATERI TEKAKWITHA SCHOOL*	Sessions will run from 9:00 A.M.-3:00 P.M <input type="radio"/> July 4 - July 7 [reduced week – holiday Monday] <input type="radio"/> July 10 - July 14 <input type="radio"/> July 17 – July 21 <input type="radio"/> July 24- July 28	<u>T-SHIRT SIZE</u> PLEASE CIRCLE YOUR PREFERENCE Youth: Adult:
Please note that campers who register for more than one session will receive a \$5 discount for each additional week. <ul style="list-style-type: none"> ONE SESSION \$160 or \$200 Includes camp t-shirt, snacks, pizza (last day) TWO SESSIONS \$355 or \$395 Includes camp t-shirt, snacks, pizza (last day) THREE SESSIONS \$550 or \$590 Includes camp t-shirt, snacks, pizza (last day) FOUR SESSIONS \$745 Includes camp t-shirt, snacks, pizza (last day) <p align="center">** VARIATION IN FEES ARE DUE TO THE SHORTENED WEEK 1 SCHEDULE**</p> <p align="center">Before care at 8:30am is an additional \$5 per day and after care from 3:00-4:00pm is an additional \$10 per day. Paid upon request at the camp.</p> <p>Please pay using our "cashonline" site at https://hcdsb.schoolcashonline.com/Fee/Details/62410/6/False/True and <u>email pogueE@hcdsb.org</u> and <u>submit your receipt</u> with your registration form!</p>		XS S M L XL Adult: XS S M L XL Please note that only ONE shirt will be provided, even for multiple session campers. An additional shirt can be purchased at a discounted price the first day of camp.

PARENT/GUARDIAN & EMERGENCY CONTACT INFORMATION

NAME:	EMAIL:
HOME PHONE:	MOBILE:
EMERGENCY CONTACT NAME:	RELATIONSHIP TO CAMPER:
EMERGENCY CONTACT NUMBER:	

All campers must be signed out by an authorized adult prior to their dismissal from camp. You can give your child permission to sign herself/himself out by checking the circle below or to be picked up by another adult:

Yes, I grant my child the authority to sign herself/himself out or be picked up by another adult.

I, the undersigned, understand that St. Kateri Tekakwitha Catholic Secondary School, St. Kateri Tekakwitha CSS camp staff/volunteers, and the Halton Catholic District School Board does not assume or accept responsibility for any expenses resulting from loss (personal injury, lost or stolen property, property damage, other expenses) or injuries sustained while engaged in any activity whatsoever whether on or off school premises. I also authorize my child's attendance at the St. Kateri Tekakwitha CSS sport camp and certify that he/she is able to participate in the program activities. I declare having read and understood the above WAIVER/INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate acknowledging all the foregoing. If I am registering a minor, I certify that I am the parent/guardian for that minor, and agree to the above on their behalf, and I grant permission for use of any photos of my child to appear in future camp brochures or other advertising.

Parent/Guardian Name (Print) : _____

Parent/Guardian Signature: _____

Date: _____



Check off here if you would like to receive a tax receipt