



CATHOLIC CENTRAL SCHOOL

1200 East High Street
Springfield, OH 45505

www.ccrish.org

P: 937.325.9204

F: 937.328.7426

Summer Camps 2018 Registration Form

Camp Participant Name _____ Age _____

Parent/Guardian Name _____

Grade _____ Current School _____
(During 2018-19 School Year)

Street Address _____

City/State/Zip _____

Parent Cell Phone _____

Parent Email _____

Select a T-Shirt Size

Child: Small Medium Large X-Large

Adult: Small Medium Large X-Large XX-Large

Select Your Camps

Check the camp(s) that this participant would like to attend. Some camps have a maximum capacity – make sure you get your forms in as soon as possible!

- | | |
|--|---|
| <input type="checkbox"/> Boys Basketball
Grades 6-8, May 29-31, 8:00-10:00 a.m., \$45
Grades 3-5, May 29-31, 10:15-12:15 p.m., \$45
Grades K-2, June 1, 9-10:30 a.m., \$15 | <input type="checkbox"/> Art – Grades 3-5
July 23-26, 9:00-12:00 p.m., \$40 |
| <input type="checkbox"/> Girls Basketball – Grades 4-8
June 19-21, 9:00-12:00 p.m., \$40 | <input type="checkbox"/> Coding – Grades 4-6
June 25-29, 1:00-3:00 p.m., \$30 |
| <input type="checkbox"/> Girls Cheerleading – Grades K-8
August 6-7, 9:00-4:00 p.m., \$50 | <input type="checkbox"/> Music – Grades 2-5
June 4-7, 9:00-12:00 p.m., \$40 |
| <input type="checkbox"/> Boys Football – Grades K-8
July 9-12, 6:00-8:30 p.m., \$50 | <input type="checkbox"/> Spanish – Grades K-5
June 13-15, 9:00-12:00 p.m., \$40 |
| <input type="checkbox"/> Girls Soccer – Grades K-8
June 11-14, 5:30-7:00 p.m., \$40 | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Girls Volleyball – Grades K-8
June 4-7, 5:00-6:30 p.m., \$40 | <input type="checkbox"/> Math, Science, Literacy & Art – Ages 4 and 5
June 18-22, 9:00-12:00 p.m., \$40 |

Payment can be made by cash or check. Please make checks payable to Catholic Central School. More information will be sent to you based on the camps you sign up for. **No refunds!** Register by May 25 to be guaranteed a t-shirt for every camp you sign up for.

Any questions? Please contact Marlena Hoendorf at mhoendorf@ccrish.org or by phone at 937-325-9204 ext. 123.



PLEASE READ INFORMED CONSENT AND RELEASE AUTHORIZATION:

I, the parent/guardian of _____, hereby authorize my child to participate in the programs listed above. I agree to indemnify and hold harmless the Catholic Central Staff, Catholic Central School, its employees, students and volunteers from and against any and all liability for injury or damages which may result from his/her participation in the aforementioned activity. I also agree that the staff may act as best fits the situation in case of an emergency, if efforts to contact myself or other emergency persons fail.

I HAVE READ, UNDERSTAND AND AGREE TO THE CONSENT AND RELEASE AUTHORIZATION.

PARENT/GUARDIAN SIGNATURE: _____

Date: ____/____/____

Emergency Contact: _____

Phone: () _____

CAMPER HEALTH FORM

To be completed and signed by a camper's parents or legal guardian. First aid will be available at camp throughout the week.

Asthma Head Injury Bleeding Disorders Convulsions

Concussions Heart Disease Diabetes Seizures

Allergies to Medications: _____

Allergies to Food: _____

Operations/Injuries (include date): _____

Physical Restrictions: _____

Phone: Physician: _____

Phone: Dentist: _____

Medical Insurance Provider: _____ Policy Number _____

PHOTO RELEASE

CATHOLIC CENTRAL may occasionally take pictures of our camp participants for use in its promotional/advertisement materials or publications. By signing this consent, I agree to allow Catholic Central School the likeness of my child in such promotional/advertisement materials or publications.

PARENT/GUARDIAN SIGNATURE: _____