

\$25.00 Registration Fee Per Student Invoiced through FACTS
St. Rose of Lima School

Summer Camp 2017 Registration Form
Please Fill This Out, Sign and Return to Coach Hart Immediately.

Parent Name(s): _____

Student(s) Name(s): _____

Date of Birth: _____

Age(s): _____ **2017-2018 Grade:** _____

Home Phone: (____) _____ **Parents Cell:** (____) _____

Parent Email: _____ **Parent Email:** _____

Emergency Name & Phone: _____

Physician Name & Phone: _____

Hospital of Choice: _____

Dentist Name & Phone: _____

I/ We, the undersigned, as parents/ legal guardians of the above named student request that St. Rose of Lima School allow my daughter/ son to participate in the St. Rose of Lima School Summer Camp.

Yes, we agree to the statements made in the Parent/ Student Handbook and will abide by the philosophy of the school policies set forth;

In the event of a medical/ dental emergency, I/We further consent to the decision made by St. Rose of Lima School or any and all of its agents relating to the provision of medical/ dental assistance.

I/We hereby release St. Rose of Lima School and any and all of its agents from any liability arising out of or in any manner related to participation in this Summer Camp including field trips, games, and transportation to and from.

YOU WILL BE BILLED \$25.00 PER STUDENTS THROUGH FACTS ONCE PERMISSION SLIP HAS BEEN SUBMITTED TO COACH HART.

Parent/ Guardian Signature: _____ **Date:** _____