

Saint John Paul the Great Catholic High School 2018 Summer Camp Registration Information

Please circle the Summer Camp your child will be participating in (one form per camp, please!)

\$25 Registration Fee per Camper waived through May 1, 2018

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| <ul style="list-style-type: none"> ○ June 19th: Music Festival (9:30 -4:00pm) Cost: \$35 ○ June 18-20; June 25-26: Art (9:00 - 12:00pm) Cost: \$150/\$40 supply fee) ○ June 18-22: Boys Basketball (4:30-7:00pm) Cost: \$150.00 ○ June 25-29: Intro to Computing (9:00-12:00pm) Cost: \$180 ○ June 25-28: Fun with Finance (1:00 - 4:00pm) Cost: \$150.00 ○ June 25-27: Girls Cheerleading (9:00-12:00pm) Cost: \$150.00 | <ul style="list-style-type: none"> ○ June 25-29: Boys Lacrosse (9:30 -2:30pm) Cost: \$150 ○ July 9-13: Photography/Video (9:00 -12:00pm) Cost: \$150 ○ July 09-13: Boys Football (5:30-8:30pm) Cost: \$150.00 ○ July 9-13: Intro to Sport (Coed) (9:00 -12:30pm) \$100.00 ○ July 22-28: Girls Basketball Camp (9 -12:30pm) Cost: \$150 ○ July 16-20: (Leadership Camp) Camp Quintessential (9:00 - 4:00pm) \$250/\$40 supply fee |
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Questions? Please contact camps@jpthegreat.org or call 703.445.0300.

For Camp Descriptions please visit our Summer Camps page at jpthegreat.org

Name of Child Participant: _____ Age: _____ Grade: _____

Current School: _____ Adult T-Shirt Size: _____ Gender: M F

Parent Email: _____ Primary Phone: _____

Emergency Contact Information:

1 st Emergency Contact Name	Relationship to Child	Phone
2 nd Emergency Contact Name	Relationship to Child	Phone
Child's Physician	Physician's Phone	
Medical Insurance Co	Policy Number	

If applicable, please list your son/daughter's allergies, current medications or anything else we should be aware of:

Parent/Guardian Authorization

By signing this form, I hereby waive and release The Catholic Diocese of Arlington, Saint John Paul the Great Catholic High School, and their employees, from any and all liability for any injuries and illness incurred while my child is visiting the school. I know of no mental or physical condition which may affect my son/daughter's ability to safely participate in the camp mentioned above. If I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment which a physician deems necessary for the well-being of my child. I understand that I am responsible for picking up my child at the designated time, or arranging a ride for them. I understand that my contact information may be shared to provide you with invitations to upcoming school events. Finally, I understand that my child's photo may be used at any time by the school for promotional purposes. We reserve the right to cancel our event due to unforeseen circumstances.

Parent/Guardian Name	Parent/Guardian Signature	Date
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Participation is prohibited without this completed form. This form and payment must be received by mail at least five business days before camp for your child to be to be considered registered. Please email to camps@jpthegreat.org or mail this form and payment to:

**Saint John Paul the Great Catholic High School, Attn: Summer Camps
17700 Dominican Drive, Dumfries, VA 22026**