

# SAINTS' SPIRIT DAYS REGISTRATION FORM

To register for all or a portion of the LCA Saints' Spirit Days Summer Day Camp Program, please complete the form below in full and return it, along with your one-time, non-refundable deposit of \$50 per family (\$60 after April 13), to the LCA Main Office by Friday, April 13. Note that fees for individual days are also subject to the deposit, due upon registration.

Child's Name: \_\_\_\_\_ Grade in Fall 2018: \_\_\_\_\_ Parent Email: \_\_\_\_\_  
 Parents' Names: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I give my child permission to attend the LCA Saints' Spirit Days program and permission to participate in all program activities, field trips and trips to Foster Pool. I also authorize emergency medical treatment for my child in the event I cannot be reached. Please sign below:

Father: \_\_\_\_\_ Date: \_\_\_\_\_  
 Mother: \_\_\_\_\_ Date: \_\_\_\_\_

## CAMP OPTIONS:

Please choose either the full program, weekly sessions or individual days. (You must complete a separate form for each camper.)

**FULL PROGRAM (\$2,000 total)**     11-week program, June 6 – August 17 (all 11 weeks)

### WEEKLY SESSIONS (\$200 per full week) (check all that apply):

- Week 1: Jun 6 – Jun 8    **START OF SUMMER (\$150)**
- Week 2: Jun 11 – Jun 15    **DR. SEUSS IN THE SUMMER**
- Week 3: Jun 18 – Jun 22    **AROUND THE WORLD**
- Week 4: Jun 25 – Jun 29    **BROADWAY AT LCA**
- Week 5: Jul 2 – Jul 3    **RED, WHITE & BLUE (\$100)**
- Week 6: Jul 9 – Jul 13    **ARTIST FOR A WEEK**
- Week 7: Jul 16 – Jul 20    **ANIMAL PLANET**
- Week 8: Jul 23 – Jul 27    **HOGWARTS**
- Week 9: Jul 30 – Aug 3    **TOP CHEF: LCA**
- Week 10: Aug 6 – Aug 10    **WET & WILD**
- Week 11: Aug 13 – Aug 17    **SPORTS**

### INDIVIDUAL DAYS (\$50 per day)

My child will attend LCA's Saints' Spirit Days on these days only.					
Camp Week	Check all days attending				
	Mon.	Tues.	Wed.	Thurs.	Fri.
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					
Week 7					
Week 8					
Week 9					
Week 10					
Week 11					

To complete registration, please return to the Care Program office:     This Form     Registration Fee     Automatic Payment Form  
 Emergency Medical Form     Field Trip Permission Slip     Lakewood Park Permission Slip

Pool Pass # \_\_\_\_\_ Please turn in pool pass number to Sara Koumandarakis by June 6th.

T-Shirt Size \_\_\_\_\_

### I agree to pay camp fees by (check one):

- Check:** You will receive a monthly invoice; payment by check is due in the Summer Day Camp Office by the 15th of the following month during which your child attends camp.
- Automatic ACH withdrawal:** You will receive a monthly notice of your scheduled payment; your account will be debited for fees on the 15th of any month after which your child attends camp.
- Advanced Payment:** If your children are not LCA students and you will pay each week's fees before camp begins.

Please initial here \_\_\_\_\_

### PHOTO RELEASE - 2018 SUMMER CARE PROGRAM

I give my permission to Lakewood Catholic Academy School to use photos or videos in which my child may appear for publication or display purposes.     YES     NO



**LAKWOOD CATHOLIC ACADEMY**  
**FIELD TRIP PERMISSION FORM**  
**RELEASE, INDEMNIFICATION & WAIVER OF LIABILITY**

Date June-August 2018

Dear Director of the Summer Day Camp Program,  
(Faculty Member in Charge)

I, \_\_\_\_\_, am the \_\_\_\_\_  
(Name of Parent/Guardian) (Father, Mother, Custodial Parent Legal Guardian)

of \_\_\_\_\_, a camper at Lakewood Catholic Academy in Summer Day Camp.  
(Name of Student)

I hereby request permission for the above-named child to attend the FIELD TRIP CHECKED ON  
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(Date of Field Trip) (Time) (Time)

and I consent to the child's participation in such a field trip.

I understand that the child will be transported to the place of the field trip by BUS.  
(Means of Transportation)

I understand that all activities have certain risks and could result in injury to the above child. In consideration of the above child being permitted to participate in the above field trip, on behalf of the child, and on behalf of the mother, father, next of kin and (if applicable) the guardian of the above child, I hereby assume all risk of injury, which may be sustained by the child in connection with the above field trip. I further specifically waive, release and discharge, the Diocese of Cleveland, Lakewood Catholic Academy, and its sponsoring parishes, and the employees and volunteers of the aforesaid school, parish, and/or diocese from all claims arising out of and/or resulting from harm, bodily injury, loss of life or property, damages and losses sustained by the child while participating in the above field trip, including claims of the child's parents and/or next of kin and/or (if applicable) guardian. I further agree to indemnify the Diocese of Cleveland, Lakewood Catholic Academy, and its sponsoring parishes, and the employees/volunteers of the aforesaid school, parish, Diocese and/or their employees/volunteers as a result of injury or damage suffered by the above child and/or the child's parents and/or next of kin and/or (if applicable) guardian, arising out of the child's participation in the field trip. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for the above child.

I fully understand what is involved in the field trip and I understand that I have the opportunity to contact the teacher and ask him/her about the field trip.

I have read and fully understand the contents of this entire document and consent to the provisions contained therein.

\_\_\_\_\_  
(Parent/Guardian Signature)

## **2018 SUMMER CAMP FIELD TRIPS**

<b>Week #</b>	<b>Dates</b>	<b>Location</b>
<b>1</b>	6/6-6/8	No Trip
<b>2</b>	6/11-6/15	Aquarium
<b>3</b>	6/18-6/22	Natural History Museum
<b>4</b>	6/25-6/29	Tailspinner Children's Theater
<b>5</b>	7/2-7/3	No Trip
<b>6</b>	7/9-7/13	Edgewater Park
<b>7</b>	7/16-7/20	Zoo
<b>8</b>	7/23-7/27	Squire's Castle/Chagrin Nature Center
<b>9</b>	7/30-8/3	Restaurant TBD
<b>10</b>	8/6-8/10	Fun n Stuff
<b>11</b>	8/13-8/17	Progressive Field

**LAKWOOD CATHOLIC ACADEMY**  
**SUMMER DAY CAMP**  
**RELEASE, INDEMNIFICATION & WAIVER OF LIABILITY**

**LAKWOOD PARK BLANKET PERMISSION FORM**

Dear Director of Summer Day Camp Program,  
(Faculty Member in Charge)

I, \_\_\_\_\_, am the \_\_\_\_\_  
(Name of Parent/Guardian) (Father, Mother, Custodial Parent Legal Guardian)

of \_\_\_\_\_, a participant in Summer Day Camp.  
(Name of Student)

I hereby request permission for the above-named child to participate in walking to Lakewood Park  
(Place)

and the use of its facilities and equipment on any day between 6/6/18 – 8/17/18 from 8am till 6pm.  
(Date of Field Trip)

I understand that all activities have certain risks and could result in injury to the above child. In consideration of the above child being permitted to participate in the above field trip, on behalf of the child, and on behalf of the mother, father, next of kin and (if applicable) the guardian of the above child, I hereby assume all risk of injury, which may be sustained by the child in connection with the above field trip. I further specifically waive, release and discharge, the Diocese of Cleveland, Lakewood Catholic Academy, and its sponsoring parishes, and the employees and volunteers of the aforesaid school, parish, and/or diocese from all claims arising out of and/or resulting from harm, bodily injury, loss of life or property, damages and losses sustained by the child while participating in the above field trip, including claims of the child's parents and/or next of kin and/or (if applicable) guardian. I further agree to indemnify the Diocese of Cleveland, Lakewood Catholic Academy, and its sponsoring parishes, and the employees/volunteers of the aforesaid school, parish, Diocese and/or their employees/volunteers as a result of injury or damage suffered by the above child and/or the child's parents and/or next of kin and/or (if applicable) guardian, arising out of the child's participation in the field trip. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for the above child.

I fully understand what is involved in the field trip and I understand that I have the opportunity to contact the teacher and ask him/her about the field trip.

I have read and fully understand the contents of this entire document and consent to the provisions contained therein.

\_\_\_\_\_  
(Parent/Guardian Signature)

**LAKWOOD CATHOLIC ACADEMY  
EMERGENCY MEDICAL AUTHORIZATION**

Summer Camp 2018

School year

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Purpose -- To enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

**Part I or Part II must be completed.**

**PART I (TO GRANT REQUEST)**

In the event reasonable attempts to contact me at \_\_\_\_\_ or \_\_\_\_\_  
(phone) (other parent)  
at \_\_\_\_\_ have been unsuccessful, I hereby give my consent for: (1) the administration of  
(phone)  
any treatment deemed necessary by Dr. \_\_\_\_\_, or Dr. \_\_\_\_\_  
(preferred physician) (preferred dentist)  
or in event the designated preferred practitioner is not available, by another licensed physician or dentist;  
and (2) the transfer of the child to \_\_\_\_\_ or any hospital  
reasonably accessible. (preferred hospital)

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Address

**\*\*DO NOT COMPLETE PART II IF YOU COMPLETED PART I \*\*  
PART II (REFUSAL TO CONSENT)**

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Address