

BSCS 2020 Summer Camp Exemplary

Intended Camp Attendance

This page must be completed to officially register for BSCS Extended Day Summer Camp. Space is limited per class; please only register for the weeks you know your child will attend.

Camper's Name _____ Age _____ Rising to Grade _____

Checking the box indicates that your child will attend camp that week. All field trips are included in weekly rate.

Week	Camp Theme for the Week	Field Trip 1 st –8 th Grades	Register My Child	Field Trip K3-K5 (on site)	Register My Child
June 8-12	Great Games	Ashley Bowling Lanes		Obstacle Course	
June 15-19	Winter Wonderland	Carolina Ice Palace		High Tech High Touch	
June 22-26	Under the Sea	SC Aquarium		SC Aquarium Ocean Critters	
June 22-26* 9:00-12:00	Vacation Bible School Register before 5/1/2020 vbspro.events/p/blessac2020				
June 29-July 3	Super Heroes	The Fire Museum		Fire Department	
June 29-July 3* 9:00 – 12:00	Summer Cheer Specialty Camp \$180 Grades 1-6			NA	NA
July 6-10	Swampland Adventures	Magnolia Gardens		SC Aquarium Swampy Snacks	
July 13-17	Great Explorers	Downtown Scavenger Hunt		Pirate's Treasure Hunt	
July 20-24	Royalty	The Art Place Studio		Art for Missions "The Queen's Court Puppet Show"	
July 27-31	Wipe-out Water Week	Whirlin' Waters		SC Aquarium Pond Adventures	

***Campers who attend VBS and/or Cheer Specialty Camp can attend Summer Camp from 12:00 for a discounted rate (\$125/camper).**

CAMP GROUP NAMES

3-year-old Campers: Explorers

4-year-old Campers: Adventurers

(Rising) K5 to 2nd-Grade Campers: Seekers

(Rising) 3rd to 5th-Grade Campers: Trailblazers

13- to 15-year-old Campers (Counselors in Training): Aspire

**BSCS 2020 Summer Camp Exemplary
June 8 – July 31**

\$195/Week (1st camper)

\$185/Week (Each additional camper in family)

Camper's Name: _____

Grade (2020-2021): _____ BSCS student Shirt Size _____

Parent's Name: _____

Contact #s: _____ & _____

Email: _____

Parent's Name: _____

Contact #s: _____ & _____

Email: _____

Only the following ARE permitted to pick up my child(ren) from camp.

Name	Relationship	Contact #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If your child has allergies or medical conditions that require medications while at camp, an updated Diocesan medical form must be on file at the school office. Please contact the school office if a medication, inhaler, or epi-pen form is needed.

Allergies: _____

Medical Problems: _____

Additional Comments/Instructions: _____

Physician's Name: _____

Physician's Phone Number: _____

Emergency Contact: _____

Emergency Contact's Phone Number: _____

Will a sibling be attending this camp? Yes If yes, please complete a separate registration form for each camper.

Please complete the Statement of Authorization.

STATEMENT OF AUTHORIZATION

Camper's Name: _____

"Staff" includes camp and BSCS staff.

Please indicate your authorization by initialing on the appropriate lines.

_____ I understand there will be a "camp orientation" on Saturday, June 6 from 6:00-8:00 p.m., to meet the staff, learn procedures, and hear important information.

_____ First week's payment must be made with completion of registration to secure your campers space in camp.

_____ I agree to pay the weekly camp fees. The weekly fees are due on the Wednesday before the following camp week. I understand that failure to pay may result in my child not being allowed to continue in camp. I will be billed for what is due.

_____ I agree to sign my child in upon arrival and sign for my child at pick-up. All campers will arrive and leave with an adult.

_____ When picking up your child, proof of identification is required.

_____ I understand that I will be contacted should someone "not on the list" come for my child. No child will be dismissed from camp without parental permission.

_____ I give permission for my child to be transported by a hired bus service on field trips.

_____ If an activity includes swimming, my child has permission to participate in swimming activities. *Please assess your child's swimming abilities.*

_____ Non-swimmer (no instruction)

_____ Beginner swimmer (limited instruction)

_____ Intermediate swimmer (average swimming ability)

_____ Advanced swimmer (skilled swimmer)

_____ I give the staff permission to apply sunscreen and/or insect repellent as needed. I will provide the sunscreen and/or insect repellent (in a labeled Zip-loc bag).

_____ Should my child become ill at camp, I will be notified as soon as possible. If I cannot be reached, the emergency contact on the registration form will be called. If the staff feels that my child should not stay at camp, someone will come for him/her immediately. The camp does not have "sick room" facilities.

_____ In an emergency, I authorize the staff to take the necessary actions required for my child's well-being. The actions may include calling a physician or EMS, or transporting my child to a medical facility. I will rely on the judgement of the staff to determine if a call to the physician or EMS is needed – even if it is before I or the emergency contact is called. I agree to be financially responsible for any action deemed necessary by BSCS.

_____ I understand there is a "camp orientation" on Saturday, June 6 from 6:00-8:00 p.m. to meet the staff, learn procedures, and hear other important information.

Statement of Authorization continues on the next page.

DIOCESE OF CHARLESTON DISCLAIMER

I consent to my child's participation in the BSCS Summer Camp. In consideration for my child's participation, I agree to reimburse and indemnify Blessed Sacrament Parish/ School (understood to include Bishop of Charleston A Corporation) for all reasonable legal and court fees incurred by Blessed Sacrament Parish/School in defending a lawsuit that I or my child may bring against Blessed Sacrament Parish/School as it relates to BSCS Summer Camp if Blessed Sacrament Parish/School is not found legally liable by the courts. If Blessed Sacrament Parish/School is found liable, this paragraph does not apply.

I understand that I have had the opportunity to fully discuss this agreement with a representative of Blessed Sacrament Parish/School to clarify concerns or questions that I may have had about the BSCS Summer Camp or this agreement.

Acknowledged by my initials, I have read and understand the information in this Statement of Authorization.

Parent's Signature: _____

Parent's Printed Name: _____

Date: _____