

ST. LAMBERT PARISH
SUMMER CAMP
Sisters of Christ the King—Lincoln, NE
June 18—22, 2018

Going into 2nd—9th grade: 9am-2pm
 send a cold lunch and a water bottle each day
 snack will be provided)

Age 4-going into 1st grade: 9am-11:30am
 (send a water bottle—snack will be provided)



REGISTRATION

Age 4 thru 9th Grade (as of Fall 2018)

Parent Name(s): _____ e-mail: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell: _____ Work: _____

PARTICIPANT'S NAME					Gender	Grade as of Fall '18	Birth date		
I would love to help in some way!!! I am available		VBS Prep work (i.e. Crafts)	Morning Registration	VBS Classroom Help	Snacks VBS/ Sister Camp	Lunch for Sister Camp	General Kitchen Help	I have a teenager who would like to be a classroom helper Please Check one of the boxes	
M	T	W	T	F				VBS	Sister Camp

FEE: \$30.00 per child. Registration Forms are due June 6th

PERMISSION TO SECURE EMERGENCY MEDICAL ATTENTION

I give permission for St. Lambert Summer Catechesis Camp Staff to secure whatever medical attention necessary for the children mentioned on this form while attending Catechesis Camp from Monday, June 18th until Friday, June 22nd at St. Lambert Catholic Church. I also understand that St. Lambert Catechesis Camp Staff will make every effort to contact the names below in case of such emergency:

NAME: _____ PHONE: _____

PARENT SIGNATURE: _____ DATE: _____

Are there any medical conditions (including allergies) that we should be aware of for your child/children?

Please name student and condition: _____



MEDIA RELEASE PERMISSION

I hereby agree and give my permission for the School Sisters of Christ the King and/or the Diocese of Lincoln (the "Community") to record, film, photograph, audiotape or videotape my child's name, image, likeness, spoken words, student work, performance and movement, in any form (hereinafter collectively referred to as "Works"), and to display, publish, distribute or exhibit these Works or any part thereof for the purpose of and in connection with any material that may be created by the Community including, without limitation, for posting on the world wide web (WWW) and/or for broadcasting on television.

By entering into this informed consent and release and granting the permission as stated herein, I also am releasing the School Sisters of Christ the King and the Diocese and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to my son/daughter's participation in any media events, including, without limitation, television broadcasts, promotional materials or website projects.

I have read this Informed Consent and Release and understand its terms. I sign it voluntarily and with full knowledge of its significance.

PARENT SIGNATURE: _____ DATE: _____