



# Summer Camps 2017

## Registration Packet

Thank you for choosing Sacred Heart School Summer Camps! The purpose of the camps are to provide a fun and nurturing environment that promotes healthy friendships & positive role models.





## **SUMMER CAMPS 2017**

**Deadline to register: Friday, June 2, 2017**

**Open to the public**

**June 26—June 30**

**Soccer Camp: Kevin Huston**

Ages 6-7: 9am –12pm\*

Ages 8+: 9am – 3pm

**June 26—June 30**

**Song & Dance Camp: Diana DeAlvare**

Ages 5+

**July 10—July 14**

**Wildcat Camp: Kevin Huston**

Ages 6+

**July 10 –July 14**

**Pre-K /K Camp: Misty Rowell**

Ages 3-5

**July 24—July 28**

**Basketball Camp: JP Sanborn**

Ages 8+

Camp hours: 9:00am—3:00pm

Camp fee: \$150/week

\$75 for 6-7 yr. old soccer\*

(Payment due at time of registration)

To register: call 603-926-3254 or email Cheryl at

[cgrella@shshampton.org](mailto:cgrella@shshampton.org)

Forms available at [www.shshampton.org](http://www.shshampton.org)

**Return completed forms/payment to:**

**SHS, 289 Lafayette Road, Hampton, NH 03842**

# SHS SUMMER CAMPS REGISTRATION FORM

Child's Name: \_\_\_\_\_ T-Shirt size: \_\_\_\_\_

DOB: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail address: \_\_\_\_\_

If different address than above:

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

Emergency Contact: \_\_\_\_\_ Cell: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Please circle which camp(s) your child is registering for:

**SOCCER CAMP**

**WILDCAT CAMP**

**SONG & DANCE CAMP**

**PRE-K/K CAMP**

**BASKETBALL CAMP**

I hereby certify that all information on this application, and all information submitted as part of this application, is complete and accurate. The applicant has my approval to participate in all regular club activities including off-site trips to area parks. His/her name or picture may appear in camp or local news publications. If you have concerns about the use of pictures of your child, please inform Sacred Heart School. I realize it is my responsibility to consult a physician to assess my child's health relating to participation. I agree to hold harmless Sacred Heart School, Sacred Heart School Board, OLMM Parish, SAU 21 or their employees, volunteers and agents for any/all injuries and damages incurred during said program.

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

\_\_\_\_\_  
Date

# SHS SUMMER CAMPS INFORMATION

## LOCATION

- Sacred Heart School, 289 Lafayette Road, Hampton, NH

## MORNING DROPOFF

- Please escort your child to the SHS gym at 9:00am.
- SHS is responsible for campers only after they have been signed in. Campers must sign in with the Counselor in charge of their camp group.

## AFTERNOON PICK UP

- Campers will be in the Courtyard in front of the Gym at pick-up.
- Campers must sign out with the Counselor in charge and will be released only to their parents, legal guardians, and those authorized by such on the Camp Registration form.

## WHAT TO BRING

- Backpack with lunch, snacks, plenty of cold drinks, and a refillable water bottle (no glass containers!)
- Sneakers & socks must be worn for sports camps; flip flops/crocs may be worn for water play
- Sunscreen, bug spray, rain jacket—we avoid thunderstorms, but may play in a sun shower!
- Change of clothes - please label all clothing and personal items that your child will bring to the camp.
- No video games. Cell phones for emergency use only and with the permission of the Counselor.

## HEALTH MATTERS

- If not a student at SHS, completed health forms must be received no later than two weeks prior to camp start date.
- NH State Law requires that the camps have written permission from the Camper's physician for a child to keep his/her epi-pen or inhaler in their possession.

## EMERGENCIES:

- In case of emergency, please call the lead camp counselor. Their cell phone number will be provided on the first day of camp.

# SHS Summer Camps

## Parental/Guardian Consent & Waiver/Release

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I, the undersigned, being a parent or legal guardian of \_\_\_\_\_ do hereby give my consent and permission for the above name to participate in Sacred Heart Camps. In consideration of the benefits to be derived from this activity, I hereby voluntarily for myself and anyone entitled to act on my behalf, waive, release, and forever discharge any claim or claims against Sacred Heart School Summer Camps, the Roman Catholic Diocese of Manchester, Sacred Heart Parish and its or their staff and leadership in both their official and personal capacities, and any of its or their agents, assigns, representatives, successors, or anyone acting on its or their behalf, for any and all claims, demands or liabilities of whatever nature including but not limited to injury, death, or damage, whether in property or nature, which may arise in connection with said activities or any phase or parts thereof. This waiver/release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown, and includes liability that may arise out of negligence or carelessness on the part of persons named in this waiver/release. In the event of an emergency involving my child, where medical treatment is required, in the event I cannot be reached, I do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical treatment rendered by a licensed physician. I understand that in the event of any such emergency, the Camp will attempt to notify me immediately based upon the contact information provided above. I hereby certify that I have read this Consent, and Waiver/Release, fully understand it, and voluntarily execute the same on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Parent/Guardian Signature \_\_\_\_\_

## Emergency Information Record

Child's Last Name	Child's First Name	Date of Birth	Grade
-------------------	--------------------	---------------	-------

Sacred Heart School (SHS) will not release a camper to any person other than the camp member's parent or legal guardian without written permission from the parent or guardian. SHS presumes that each parent or guardian may legally pick up their camp member unless the custodial parent notifies the camp and sends a supporting court order. Parents may authorize other persons on the camp registration form.

When notified, SHS shall not permit a parent or guardian to pick up a child against whom there is a court-ordered restraining order or comparable court ruling. The burden of notification is on the legal parent or guardian.

Below is a list of those to be who have permission to pick a camper up or to be called for emergency pick up if you cannot be reached.

Full Name	Relationship to Child	Home Phone	Cell Phone	Work Phone
Full Name	Relationship to Child	Home Phone	Cell Phone	Work Phone
Full Name	Relationship to Child	Home Phone	Cell Phone	Work Phone

In case of accident or serious illness, I request that the Camp Counselor contact me. If the counselor is unable to reach me, I authorize the counselor to make whatever arrangements are in the best interests of my child.

Parent Signature\_\_\_\_\_ Date\_\_\_\_\_

## Permission to Administer Prescription Medications

Prescription Medications must be accompanied by a written order from the prescriber. The medicine must be delivered to the Camp Counselor by the parent or other responsible adult in the pharmacy container labeled with the child's name, the physician's name, the name of the medication, and the instructions. Medications prescribed for three or fewer times per day may be given at home.

**The following information MUST be completed by the prescriber.**

During the camp day, \_\_\_\_\_ is required to take the following medication:

Name of Medication	Dose	Route
Frequency	Start Date	End Date
Diagnosis		
Side Effects		
Other medications the child is taking		

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Allergies

If your child has food or medication allergies, please indicate below:

Type of Drug Allergy	Type of Reaction
Type of Food Allergy	Type of Reaction

## Other Health Conditions

If your child has other health conditions, please indicate below and provide any information you believe would be helpful.

Asthma (Indicate Type)	Well Controlled?
Attention Deficit Disorder	Well Controlled?
Heart Condition (Specify)	Any Limitations?
Seizure Disorder (Indicate Type)	Well Controlled?

## Additional Comments

If you wish to add any additional comments that will help the Camp Counselor to keep your child safe and healthy, please add them below.

---

---