

# 2010 SUMMER CAMP WITH COACH MOE ST. JOSEPH CATHOLIC SCHOOL

*Open and mailed registrations will be accepted immediately until filled.*

St. Joseph Catholic School  
Serving the Children of Tampa  
Since 1896  
2200 N. Gomez Ave.  
Tampa, Florida 33607  
www.sjstampa.org

<b>Child's Name:</b>			
<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Date of Birth</b>
<b>Parent/Guardian Information</b> <i>This information will be used for all correspondence, billing, and as an emergency contact</i>			
<b>Name:</b>			
<b>Mailing Address:</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>	
<b>Email Address</b>			
<b>Alternate Contact and Phone No.:</b>			

**Camp is for 1<sup>st</sup> through 8<sup>th</sup> graders at a cost of \$50.00 per week – hours are 9:00 a.m. to 4:00 p.m.**

**The \$50.00 is due on the first day of the week your child starts camp (no exceptions). Please NOTE, there will be NO pro-rated fees for unattended days/hours. Your child will have to sign in and out each day. If a child is going home with another child, please send me a note or contact me at (813) 924-6766.**

**PLEASE NOTE: SIDE GATE WILL BE CLOSED FOR SAFETY REASONS. No child, under any circumstances, will be dropped off at the side gate.**

**Please check below which week your child will be attending camp.  
(Please note there will be no camp July 12<sup>th</sup> – July 16<sup>th</sup>)**

<b>June 1<sup>st</sup> - June 4<sup>th</sup></b>	<b>June 7<sup>th</sup> – June 11<sup>th</sup></b>	<b>June 14<sup>th</sup> – June 18<sup>th</sup></b>	<b>June 21<sup>st</sup> – June 25<sup>th</sup></b>
<b>June 28<sup>th</sup> – July 2<sup>nd</sup></b>	<b>July 5<sup>th</sup> – July 9<sup>th</sup></b>	<b>July 19<sup>th</sup> – July 23<sup>rd</sup></b>	<b>July 26<sup>th</sup> – July 30<sup>th</sup></b>

**WHAT IS NEEDED:**

**\*\*SIGNED St. Joseph Catholic School Waiver Liability Agreement, and Photo Release for each child**

**\*\*Checks made payable to: JESUS B. GONZALEZ (Coach Moe) - \$50.00 weekly per child**

**\*\*Summer General Registration Form**

**Office Use Only**

**TOTAL CAMP FEE: \$ \_\_\_\_\_**

**Due on the first day of the week your child starts camp.**

Check or Cash are accepted forms of payment.

The undersigned parent/guardian understands that the applicant will be engaged in strenuous physical activity during the program, which by its nature contains a risk of physical injury. The undersigned assumes the risk and releases St. Joseph Catholic School and the Diocese of St. Petersburg, their offices, directors, agents, and employees, from any liability for physical injury arising out of the applicant's participation in the program.

I certify that the applicant is in good health, is able to participate in all activities, and hereby grant permission for my child to attend the camp.

I consent to have my child treated by a licensed physician or a member of the staff for injury, accident, illness or mishap.

I further agree to pay, through my insurance or otherwise, for any medical treatment that may be required.

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

\_\_\_\_\_  
Date