



# SAINT COLUMBKILLE SCHOOL

A TRADITION OF EXCELLENCE

SPIRIT • SCHOLARSHIP • SERVICE

6740 Broadview Road Parma, OH 44134 216.524.4816

[www.stcolumbkilleschool.org](http://www.stcolumbkilleschool.org)

## SUMMER DAY CAMP 2018 REGISTRATION FORM

Family Name \_\_\_\_\_ Date \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work phone # (mother) \_\_\_\_\_

Cell Phone # (mother) \_\_\_\_\_ Work phone # (father) \_\_\_\_\_

Cell Phone # (father) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Emergency Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_

My child will attend all 6 weeks of camp  Morning care program

Some, but not all weeks of camp. Please attach dates.  After care program

Does your child have any food allergies \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

A non-refundable check of \$50 per child is due with registration. The Camp deposit fee of \$50.00 is due by May 1, 2018, and payment in full will be due by May 16, 2018.

Fee schedule:

Full time 6 weeks fee \$1050.00

(Pay in full by May 1 and save \$50.00 on a 6 week, full time registration)

Weekly Fee \$187.50

Daily Fee \$ 38.50

**SAINT COLUMBKILLE SUMMER DAY CAMP  
PERMISSION FORM AND WAIVER AND RELEASE**

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In exchange for and in consideration of the opportunity for my minor child or ward to participate in the St. Columbkille School Summer Day Camp (the "Activity") sponsored by St. Columbkille Parish, 6740 Broadview Road (the "Parish"), I hereby agree to the following:

- I understand the scope and nature of the Activity, which includes, among other things, hiking and sport activities such as volleyball, craft-making with clay, paper mache and other items, cooking, and using slip n' slides and inflatable water slides. I understand that, in the course of these activities, my child may have physical contact with other children, and some activities may involve running or other strenuous physical activity. I understand what is involved in the Activity and acknowledge that I have had the opportunity to ask questions regarding the scope and nature of the Activity.
- I recognize the possibility and risk of injury, including serious injury, paralysis, or death, associated with my child's participation in the Activity. I understand that such injuries can occur for any number of reasons which are both foreseeable and unforeseeable and which include, but are not limited to, my child's own actions or inaction, health condition(s) of my child, the actions or inaction of others (whether negligent, intentional, or otherwise), and equipment failure. I and my spouse assume, for ourselves and on behalf of our minor child, all risks in connection with my child's participation in the Activity.
- Understanding these risks, I grant permission for my child to participate in the Activity.
- To the fullest extent allowed by law, I, on behalf of myself, my spouse, my minor child, as well as our respective heirs and assigns, executors, all other legal representatives and any others claiming through us or on behalf of us, hereby agree to release, discharge, hold harmless and indemnify the Parish, the Roman Catholic Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, as well as their respective clergy, officers, employees, agents, representatives, attorneys, sponsors, and volunteers from and against all claims, judgments, liability (of any nature or extent) which in any way arise out of or relate to my child's participation in the Activity, whether foreseen or unforeseen, regardless of the cause (including, but not limited to, the negligence of any person).
- I understand that it is my responsibility to carry appropriate medical insurance for my child and that such is not the responsibility of any other person or party, including, without limitation, the Parish or the Diocese of Cleveland.

By signing below I agree that I have read and fully understand this Release and agree to all of its terms.

**Name of Minor Child (Student):** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_