



Roanoke Catholic School Summer Camp 2019 Registration

Please submit a separate registration for each camper. You may select more than one camp per camper registration.

Camper Name (Last, First) _____

Name of School: _____ Grade entering fall 2019: _____

T-shirt size (circle one): Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

PLEASE CHECK ALL CAMPS FOR WHICH YOU ARE REGISTERING

June 10-14

9 AM-Noon: Basketball Camp
Ages 8-12. Rate: \$75

June 17-21

9 AM-Noon: Camp Helping Hands
Ages 4-7. Rate: \$75

9 AM-Noon: Bricks 4 Kidz Stop Motion Camp
Ages 9-15. Rate: \$150

1-4 PM: Bricks 4 Kidz STEM Camp
Ages 5-13. Rate: \$135

July 15-19

8:30 AM-4:30 PM: Virginia Outside Fishing
Ages 8-13. Rate: \$450

1-4 PM: Superhero Coders 2.0
Ages 10-12. Rate: \$150

July 22-26

9 AM-Noon: Bricks 4 Kidz Stop Motion Camp
Ages 9-15. Rate: \$150

1-4 PM: Bricks 4 Kidz STEM Camp
Ages 5-13. Rate: \$135

July 29 – August 2

9 AM-4 PM: SAT Boot Camp
Grades 10-12. Rate: \$240

9 AM-Noon: Superhero Coders 2.0
Ages 10-12. Rate: \$150

August 5-9

9 AM-Noon: Bricks 4 Kidz STEM Camp
Ages 5-13. Rate: \$135

1-4 PM: Bricks 4 Kidz Stop Motion Camp
Ages 9-15. Rate: \$150

9 AM-4 PM: SAT Boot Camp
Grades 10-12. Rate: \$240

June 24-28

9 AM-Noon: Superhero Coders 1.0
Ages 7-9. Rate: \$150

July 8-12

9 AM-Noon: Superhero Coders 1.0
Ages 7-9. Rate: \$150

9 AM-Noon: Lacrosse Camp
Ages 9-13. Rate: \$75



www.roanokecatholic.com

Roanoke Catholic School

621 North Jefferson St., Roanoke, VA 24016

540.982.3532 | www.roanokecatholic.com

Blending learning with faith and faith with daily life.

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Camp Parent/Guardian Name: _____

Address/City/ST/ZIP: _____

Email: _____ Parent/Guardian Cell Phone: _____

Emergency Contact and Phone Number: _____

Does your camper have any medical conditions, allergies, or special needs the staff should know about? **Yes** **No**

If Yes, please explain: _____

Does your camper have any behavioral or emotional issues the staff should know about? **Yes** **No**

If Yes, please explain: _____

Is your camper taking any medications to treat these conditions? **Yes** **No**

If Yes, please explain: _____

- CHECK BOX TO AGREE: You have my permission, in the event of an emergency and in case I am unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child as they may deem advisable.

- CHECK BOX TO AGREE: I understand that Roanoke Catholic School (RCS) has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold RCS responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with RCS, or its scheduled program and that RCS has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge.

- CAMP REFUND POLICY: First, we would like to encourage you to simply move to another session so your child can have the experience of summer camp. However, we understand that things come up and you may need to cancel altogether. To do so, please call or email us with this information. If you cancel with more than 30 days till the camp start date, then you will receive all money paid EXCEPT \$25 refund. 15-30 days until the camp start date: 50% refund. 2 weeks prior to start of camp: NO REFUND.

- CHECK BOX TO AGREE: I grant permission to RCS to use my image (photographs and/or video) for use in RCS publications including videos, email blasts, recruiting brochures, newsletters, and magazines and to use my image in electronic versions of the same publications or on the RCS website or other electronic forms of media.

Parent/Guardian signature

Date

Please mail or deliver completed registration form and check made out to "Roanoke Catholic School" to:

**Roanoke Catholic School Summer Camp
621 North Jefferson Street
Roanoke, VA 24016**

Questions? Contact Michael Hemphill, mhemphill@roanokecatholic.com or 540.982.3532.