

**Althoff Catholic High School
2015 Summer Camps - Registration Form**

Please use a separate form for each student. All grades listed are grades as of August 2015.

Camper's name: _____ Entering Grade- August 2015: _____

Parent's name: _____

Address: _____ Home Phone: _____ Emergency Phone: _____

City: _____ State: _____ Zip: _____ E-mail Address: _____

School: _____ Adult T-shirt: S ___ M ___ L ___ XL ___ XXL ___ Youth T-shirt: S ___ M ___ L ___

___ *HONKI!, Jr.* \$150

___ *INTO THE WOODS, Jr.* \$150

___ Science- "Mini Medical School" (Gr. 4-8) \$75

___ Youth Drawing (Gr. 7-9) \$80

___ Youth Ceramics (Gr. 7-9) \$90

___ Adult Ceramics \$90

___ Junior Crusader Band (Gr. 7-9) \$90

___ Baseball (Gr. 2-3) \$40

___ Baseball (Gr. 4-5) \$40

___ Baseball (Gr. 6-8) \$40

___ Boys Basketball (Gr. 3-5) \$45

___ Boys Basketball (Gr. 6-8) \$45

___ Boys Basketball (Gr. 9-12) \$45

___ Girls Volleyball (Gr. 4-6) \$60

___ Girls Volleyball (Gr. 7-8) \$60

___ Girls Volleyball (Gr. 9) \$60

___ Boys Volleyball (Gr. 4-8) \$60

___ Boys Volleyball (Gr. 9-12) \$60

___ Girls Soccer (Gr. 3-8) \$50

___ Boys Soccer (Gr. 6-8) \$50

___ Football (Gr. 7-12) \$40

___ Co-ed Golf (Gr. K-6) \$60

___ Co-ed Golf (Gr. 7-12) \$60

___ Cheerleading (Gr. K-8) \$50

___ Dance (Gr. K-4) \$50

___ Dance (Gr. 5-8) \$50

THE REVERSE SIDE OF THIS FORM MUST BE COMPLETED

- A LATE REGISTRATION FEE OF \$5 PER CAMP MAY BE ASSESSED IF REGISTRATION AND PAYMENT HAVE NOT BEEN RECEIVED BY ALTHOFF CATHOLIC, AT LEAST ONE WEEK PRIOR TO THE START DATE OF THE CAMP YOU WISH TO PARTICIPATE IN
- NO T-SHIRTS WILL BE AVAILABLE UNLESS REGISTRATION AND PAYMENT HAVE BEEN RECEIVED BY ALTHOFF CATHOLIC, AT LEAST ONE WEEK PRIOR TO THE START DATE OF THE CAMP YOU WISH TO PARTICIPATE IN
- NO CONFIRMATION WILL BE SENT REGARDING CAMP, HOWEVER IN THE EVENT A CAMP IS FULL OR CANCELLED YOU WILL BE NOTIFIED
- WE RESERVE THE RIGHT TO CANCEL A CAMP UP UNTIL THE FIRST DAY OF THE CAMP
- NO REFUNDS WILL BE GIVEN ONCE A CAMP HAS STARTED

PARENTAL RELEASE AND INDEMNITY AGREEMENT:

I request that you accept the application for enrollment of my child in the Althoff Catholic High School Summer Camp(s) that are indicated on this application form. In consideration of your acceptance of the application, I hereby release Althoff Catholic High School and all of its employees from all claims on account of injuries which may be sustained by my child while attending camp and I agree to indemnify Althoff Catholic High School and its employees for any claim which may herein after be presented by my child for any such injuries. In the event of illness or injury I hereby give my consent for medical treatment and permission to the attending physician to hospitalize, secure proper treatment, and order injections, anesthesia, or surgery. I will be responsible for any medical and/or other charges in connection with my child's attendance at the camp(s).

Family Physician: _____

Medical Insurance Company:

Parent signature:

Mail registration and payment to: **Althoff Catholic High School**
RE: SUMMER CAMP
5401 West Main Street
Belleville, IL 62226-4796

Call 235-1100 or visit our website www.althoff.net for additional information.