

Camp Application (make copies for additional campers)

Name

Current School

Grade

Age

Parent's cell or work phone

Email Address

Special needs or requests

Please select which session(s) you are registering for:

Session 1 (\$125): _____ Session 2 (\$125) _____ BOTH (\$250): _____ BOTH BEFORE 6/1 (\$200): _____

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF SANTA FE CATHOLIC HIGH SCHOOL AND ALL OF ITS AGENTS, OFFICERS, DIRECTORS, SERVANTS, AND EMPLOYEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE ARE CERTAIN RISKS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED.

BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM SANTA FE CATHOLIC HIGH SCHOOL, DIOCESE OF ORLANDO, BISHOP JOHN NOONAN IN A LAWSUIT FOR ANY PERSONAL INJURY TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM PARTICIPATION IN THE ACTIVITY. THE SCOPE OF THIS RELEASE SHALL INCLUDE, BUT NOT BE LIMITED TO, DAMAGES OR LOSSES OR INJURIES ENCOUNTERED IN CONNECTION WITH TRANSPORTATION, FOOD, LODGING, MEDICAL CONCERNS (PHYSICAL AND EMOTIONAL), ENTERTAINMENT, PHOTOGRAPHS AND PHYSICAL INJURY OF ANY KIND, INCLUDING A PERSONAL INJURY CAUSED BY THE DEFENDANT'S NEGLIGENCE. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM. SANTA FE CATHOLIC HIGH SCHOOL HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Date

Child's Name (printed)

Parent/Legal Guardian Name (printed)

Parent/Legal Guardian Signature