



# CAMP VIKING

## 2019 Registration Form

Choose your own adventure at Camp Viking at St. Anne-Pacelli Catholic School! Kids will enjoy weekly themes that incorporate arts & crafts, fitness, games and more! Camp Viking is open to rising Kindergarten through 8th grade students. In 2019, camp begins June 3rd and runs from 7:30 a.m. until 6 p.m., daily, throughout the summer. Camp Viking offers parents flexibility—kids can attend all seven weeks or just the weeks you need. Participants DO NOT have to be St. Anne-Pacelli Catholic School students.

More Camp Viking details:

\*Hours of Operation: Monday-Friday, 7:30 a.m.-6 p.m.

\*Camp begins the week of June 3rd and runs through July 26th. Please note: There is no camp the week of July 1st.

\*One-time registration fee: \$30 (includes t-shirt for those who register by May 1, 2019)

\*Weekly Rate: \$140 (includes morning & afternoon snacks and supplies for activities)

\*Campers must bring a lunch with a drink

\*Camp Viking participants must be checked in and out of camp in St. Anne-Pacelli's Lower School Cafeteria each day (Kay Circle entrance)

Camper's Name: \_\_\_\_\_ Gender (circle one) M F Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade entering in August 2019: \_\_\_\_\_ Rising Kindergarten-8th graders may attend;  
Rising St. Anne-Pacelli Pre-K4 students may attend as well

Home Address: \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Camper T-shirt Size (circle one): Youth XS Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL

Please select the weeks the participant will be attending Camp Viking:

\_\_\_ Sign me up for all 7 weeks of Camp Viking fun!

___ Sign me up for select weeks	___ June 3-7	Under the Big Top	___ July 8-12	Sports
	___ June 10-14	The Mighty Jungle	___ July 15-19	Fiesta
	___ June 17-21	Artful Antics	___ July 22-26	Wet & Wild
	___ June 24-28	Party in the U.S.A.!		

**Please Note: There is no camp the week of July 1-5 due to the Fourth of July holiday.**

\$30 registration fee payment: \_\_\_ Check (payable to St. Anne-Pacelli ) \_\_\_ Cash

\_\_\_ Credit Card (credit card payments will be accepted in person in the main school office)

Child Lives with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father Other: \_\_\_\_\_

Child's Legal Guardian is: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father Other: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Address (if different): \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Address (if different): \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Child's Physician or Clinic Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Information (please select all that apply):

___ ADD/ADHD	___ Asthma
___ Epilepsy/Seizures	___ Vegetarian
___ Food Allergies - list below	___ Other Conditions or Needs - list below

Please list any allergies, special needs, or accommodations that may be required in order to meet the child's needs while at camp:

\_\_\_\_\_

Please list any medications the child is taking: \_\_\_\_\_

This child MAY be released to the following person(s). Please note, these people may be asked for a photo ID.

\_\_\_\_\_  
\_\_\_\_\_

This child MAY NOT be released to the following person(s):

\_\_\_\_\_  
\_\_\_\_\_

Camp Waiver: I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Anne-Pacelli Catholic School, its officers, directors, employees and agents, chaperones, or representatives associated with camp, from any claim arising from or in connection with my child attending camp or in connection with any illness or injury (including death) or cost of medical treatment in conjunction therewith, and I agree to compensate the school, its officers, directors, and agents, and the Diocese of Savannah, its employees and agents and chaperones, or representatives associated with the expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the school/diocese.

Emergency Procedures: In the event of serious injury or illness, Camp Viking staff will attempt to contact the parent/guardian or emergency contact immediately. The staff will call 911. If the situation warrants, the child will be taken to St. Francis Hospital. A staff member will stay with the child until a parent or authorized person arrives.

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

**CONSENT TO INTERVIEW, PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE**

As a family, St. Anne-Pacelli Catholic School records, promotes and celebrates summer camp programming through the use of photos, videos and digital media. These are used in many ways, including but not limited to: our school’s website – www.BeAViking.com; social media (the school’s Facebook, Twitter, Instagram and YouTube accounts); school publications; and press releases to media. This form must be signed and returned to St. Anne-Pacelli Catholic School (one form per camper, please).

Camper’s Name: \_\_\_\_\_

I hereby consent to the participation in interviews, taking of photographs, movies and videotapes of the Camper named above. I also grant St. Anne-Pacelli Catholic School the right to edit, use, and re-use said products for non-profit purposes, including print, Internet, and all other forms of media. During this usage, the Camper named above may be identified by first and last name.

I also hereby release St. Anne-Pacelli Catholic School and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian: \_\_\_\_\_

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

**OR**

I object to the release or use of the above named Camper’s likeness in any interview, photograph, movie, or videotape that will be produced, used or distributed by St. Anne-Pacelli Catholic School for school purposes.

Signature of Parent/Guardian: \_\_\_\_\_

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