

Summer Programs

Registration Form

Please complete one registration form per child

Child's Name: _____ Entering Grade: _____

Parent/Guardian's Name: _____

Address (Street) _____ Home Phone: _____

Address (City, State, Zip) _____ Work Phone: _____

Email Address: *(required)* _____

Emergency Contact Name: _____ Contact Number: _____

Relationship to Child: _____

Other adults authorized to pick up your child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

How did you hear about us: _____

Class/Camp	Starting Date	Ending Date	Session	Fee
1.			AM / PM / FULL DAY	\$
2.			AM / PM / FULL DAY	\$
3.			AM / PM / FULL DAY	\$
4.			AM / PM / FULL DAY	\$
Total fees for all classes				\$

This St. Thomas School Summer Program Release of Liability ("Release") is executed by the above-mentioned "Parent/Guardian" on behalf of themselves, the above mentioned "child" and St. Thomas School ("STS"). As a part of its summer program activities (the "STS Summer Program"), St. Thomas School offers opportunities to broaden the educational experience of its students, faculty, and staff. In consideration of STS's Summer Program opportunities, being permitted to participate in the Summer Program and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Parent/Guardian voluntarily and knowingly executes this Release with the express intention of effecting the extinguishment of obligations as herein designated. The Parent/Guardian is giving permission for the Child to attend all Summer Programs activities designated as a part of the STS Summer Program.

The undersigned Parent/Guardian on behalf of themselves and their Child, and their heirs, successors and assigns agree to hold STS, its agents, employees, officials, representatives, chaperones and/or volunteers while acting in the scope of their duties associated with the Summer Program, harmless and defend from all causes of actions, demands and claims, including the cost of their defense arising in favor of the child participant or third parties on account of illness, injuries (including death) damage to property or any other claim arising from or in connection with the Child's participation in the STS Summer Program and activities associated with the STS Summer Program, unless such claim arises from the sole negligence of STS.

Your signature below gives permission to St. Thomas School to use photographs for your child, your child's original artwork and/or writing in school publications as well as on the St. Thomas School website. We do not identify students in photos by name in any publication. Your signature below gives permission for your child to participate in an activity off campus under the supervision of the Camp instructor.

I HAVE READ CAREFULLY THIS RELEASE AND FULLY UNDERSTAND ITS COMMENTS. I HAVE READ THE MEDICAL WAIVER ADDRESSED ON THE REVERSE OF THIS PAGE. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A WAIVER OF CLAIMS AND BY SIGNING BELOW; I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS RELEASE OF LIABILITY.

Parent/Guardian's Signature

Date

Authorization for Emergency Administration of Medication and Release of Claims

Child:

Parent/Guardian:

Medical Information

St. Thomas School does not employ a nurse and will be unable to undertake the responsibility of administering medication or non-emergency medical assistance to summer program participants to include administering cough drops and Tylenol. It will be the parent or guardians responsibility to monitor their child's health during the course of the summer camps. However, for the safety of all participants, please provide us with any medical information about your child that may be pertinent during a medical emergency.

Allergies Yes No Comments: _____

Severe Asthma Yes No Comments: _____

Diabetes Yes No Comments: _____

Epilepsy or Seizure Disorder Yes No Comments: _____

Other Medical Conditions: _____

Consent for Emergency Medical Treatment and Release of Records in an Emergency Situation

In an emergency or life endangering situation, your signature below indicates that you authorize St. Thomas School and its educator to administer medication to your child; that you grant permission to have your child to be transported to a medical facility for emergency care; to the performance of all examinations, diagnostic procedures and treatments deemed necessary by the attending physician to care for your child in an emergency situation until you can be contacted; for the school to release pertinent medical information concerning your child to any professional involved in the health of your child.

In consideration of St. Thomas School's willingness to undertake these responsibilities, the Parent(s) hereby releases, discharges and holds harmless St. Thomas School, its staff, agents, employees, and trustees from any and all liability and claims whatsoever that are based, directly or indirectly, on the administration of, or failure to administer, medication to the child, and the Parent(s) shall fully indemnify St. Thomas School, its staff, agents, employees and trustees from any and all claims, damages, losses, attorneys fees, costs and expenses. Notwithstanding the foregoing, St. Thomas School may at any time, and in its sole discretion, terminate its commitment to administer emergency medication to the participant, conditioned on St. Thomas School providing the Parent(s) with written notice at least 2 weeks before the start of the summer program.

Parent/Guardian's Signature

Relationship to Child

Date

FOR OFFICE USE ONLY:

- All required information completed (Email address must be legible)
- Form signed by parent/guardian (front & back)
- Payment received [CASH / CHECK]
- Register child for class