



SUMMER CAMP 2018 *Registration*

CAMPER's information

Name: _____
(Last) (First)

Male Female

Date of Birth: _____ 2018/19 Grade: _____

Can child be photographed? (see below for additional information)* Yes No

T-shirt size: _____

List any allergies or medical conditions: _____

CAMPER's information

Name: _____
(Last) (First)

Male Female

Date of Birth: _____ 2018/19 Grade: _____

Can child be photographed? (see below for additional information)* Yes No

T-shirt size: _____

List any allergies or medical conditions: _____

CAVS CAMPS

- Full 9 Weeks
- 6/11-15: Summer Camp Kickoff
- 6/18-22: To Infinity & Beyond
- 6/25-29: The Arts
- 7/2-6: Stars and Stripes
(Closed Wednesday July 4)
- 7/9-13: Careers
- 7/16-20: Lions, Tigers, & Bears ... Oh My!
- 7/23-27: Olympics
- 7/30-8/3: Around the World
- 8/6-10: End of Summer Bash

SPORTS + SPECIALTY CAMPS

- 6/11-14: Soccer
- 6/19-21: Volleyball
- 6/25-28: Basketball
- 7/30-8/11: Musical Theatre

CAVS CAMPS

- Full 9 Weeks
- 6/11-15: Summer Camp Kickoff
- 6/18-22: To Infinity & Beyond
- 6/25-29: The Arts
- 7/2-6: Stars and Stripes
(Closed Wednesday July 4)
- 7/9-13: Careers
- 7/16-20: Lions, Tigers, & Bears ... Oh My!
- 7/23-27: Olympics
- 7/30-8/3: Around the World
- 8/6-10: End of Summer Bash

SPORTS + SPECIALTY CAMPS

- 6/11-14: Soccer
- 6/19-21: Volleyball
- 6/25-28: Basketball
- 7/30-8/11: Musical Theatre

Accident/Injury Release Statement

In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in any SBS Camp and any activity therein. I hereby release StoneBridge School and its faculty, staff, and volunteers from any liability, costs and damages resulting from this individual's participation.

I also give my consent for StoneBridge School to seek emergency treatment for the participant if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

I have read and understand the above statement and the SBS Camp Policies & Procedures.

Parent/Guardian Signature: _____

Date: _____

031718



Photography Authorization & Release

I authorize StoneBridge School to use images, photographs, student art work, crafts, poems, or other creations by my child for promotional materials and/or the school's website. I release StoneBridge School from all liability in connection with such use. I understand that StoneBridge School will not compensate my child or me for use of said images/products.

Parent/Guardian Signature: _____

Date: _____



SUMMER CAMP 2018 *Registration*

PARENT's information

(Please check one) Mr. Miss Ms Mrs. Dr.

Name:

(Last)

(First)

Address:

(Street)

(City)

(State)

(Zip)

Home Phone:

Mobile Phone:

Email:

ALTERNATE EMERGENCY CONTACT information (required)

(Please check one) Mr. Miss Ms Mrs. Dr.

Name:

(Last)

(First)

Address:

(Street)

(City)

(State)

(Zip)

Home Phone:

Mobile Phone:

Email:

COMPLETING REGISTRATION:

If your child is enrolling *only in a Specialty Camp*, complete only this form and turn in with payment to Angela Riley, Camps Coordinator.

If you are enrolling for any week of Cavs Camp (with or without a Specialty Camp), please complete all green sheets and return entire packet to Angela Riley, Camps Coordinator.



If you have questions, please contact our Camps Coordinator, Angela Riley, at angela.riley@stonebridgeschool.com

StoneBridge School P.O. Box 9247 Chesapeake, VA 23321