
Student's Signature

Date

Mother's/Guardian's Signature

Date

Father's/Guardian's Signature

Date

Please complete this registration and permission form and mail with your deposit to: SDCHS, c/o Laurie Cohen, 9300 Neenah Ave., Austin, TX 78717. A NON-REFUNDABLE \$50 deposit is due with registration to secure your child a spot at camp. The remaining balance will be due on first day of camp. If your child is unable to attend, the deposit can transfer to another camp. Please make checks payable to Adventure Camps or Laurie Cohen.

Authorization/Medical Release By signing this form, I/we as parent(s)/guardian(s) give my/our permission for my child(ren) to participate in the 2018 St. Dominic Savio Catholic High School (SDSCHS) summer camp(s). I/we waive and release SDSCHS and the staff from any liability in the event of injury or illness to my child(ren). I/we hereby authorize the staff of the SDSCHS summer camp(s) to act for me according to his/her best judgment in any emergency requiring medical attention. I/we further understand that SDSCHS does not provide medical insurance covering injuries that might be incurred at the 2018 summer camps. I/we release SDSCHS and its camp staff from any and all claims resulting from participation in the 2018 summer camp(s).