

St. Dominic Savio Catholic High School 2018 Summer Robotics Camps Registration Form

updated 3/20/2018

Camp Name	Dates	Time	Ages	Cost
Adventure Camp	June 4th-7th	8:30-12:00	K-2 nd (Ages 6-9)	\$175
□ Journey to Mars	June 4 th -7th	8:30-12:00	$3^{rd} - 8^{th}$ (Ages 9-14)	\$175
□ Trash Trek	June 4th-7th	12:30-4:00	$3^{rd} - 8^{th}$ (Ages 9-14)	\$175
□ All Day Robot Camp (Journey to Mars & Trash Trek)	June 4 th -7th	8:30-4:00	$3^{rd} - 8^{th}$ (Ages 9-14)	\$325
□ Adventure Camp	June 11 th -14th	8:30-12:00	K-2 nd (Ages 6-9)	\$175
□ Animal Allies	June 11th-14th	8:30-12:00	$3^{rd} - 8^{th}$ (Ages 9-14)	\$175
□ FLL World Class	June 11th-14th	12:30-4:00	$3^{rd} - 8^{th}$ (Ages 9-14)	\$175
□ All Day Robot Camp (Animal Allies & FLL World Class)	June 11th-14th	8:30-4:00	$3^{rd} - 8^{th}$ (Ages 9-14)	\$325
□ Adventure Camp	June 18th-21st	8:30-12:00	K-2 nd (Ages 6-9)	\$175
□ Journey to Mars	June 18th-21st	8:30-12:00	$3^{rd} - 8^{th}$ (Ages 9-14)	\$175
□ Animal Allies (All Girls Event)	June 18th-21st	12:30-4:00	$3^{rd} - 8^{th}$ (Ages 9-14)	\$175
□ All Day Robot Camp (Journey to Mars & Animal Allies)	June 18th-21st	8:30-4:00	3 rd - 8 th (Ages 9-14)	\$325

_ I will need early drop off at 7:30 (additional \$30 fee)

Student Name		AgeEnt		tering Grade	
Address					
	Street	City	State	Zip	
Mother/Guardian's Name					
Address					
(if different than student)	Street	City	State	Zip	
Father/Guardian's Name					
Address					
(if different than student)	Street	City	State	Zip	
Family Phone Number		Family E-mail			
Contact in Case of an Eme	rgency				
	Name	Relationship to Student		Phone Number	

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).