

St. Dominic Savio Catholic High School 2018 Summer FINE ARTS Camps Listing

updated 3/20/2018

Camp Name	Instructor	Dates	Time	Grades	Cost
ART					
☐ Art Camp Session 1	Celeste Robbins	June 4-8	9:00 am-12:00 noon	1st - 3rd graders	\$220
☐ Art Camp Session 2	Celeste Robbins	June 4-8	1:00 - 4:00 pm	$4^{th} - 8^{th}$ graders	\$220
MUSIC					
☐ Beginning Band & Orchestra Camp	Doug Schneider	June 4-8	8:00 - 10:00 am	$6^{th} - 12^{th}$ graders	\$120
☐ Advanced Band & Orchestra Camp	Doug Schneider	June 4-8	10:00 am-12:00 noon	$7^{th} - 12^{th}$ graders	\$120
☐ Beginning Guitar Camp	Doug Schneider	June 4-8	1:00-3:00 pm	$5^{th} - 12^{th}$ graders	\$120
Student Name		Age	Entering 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 Emergency					
	Name	Relation	ship to Student	Phone Number	
Student's Signature			Date		
Mother's/Guardian's Signature			Date		
Father's/Guardian's Signature			Date		

Full payment must be received prior to the first day of camp. Please return this form and payment no later than Thursday, May 24, 2018, to: St. Dominic Savio Catholic High School, Attention: Celeste Robbins or Doug Schneider, 9300 Neenah Ave., Austin, TX 78717.

For Music Camps, please make checks payable to St. Dominic Savio Catholic High School (SDSCHS); Art Camp checks should be made out to Celeste Robbins. Some camp session sizes are limited, so placement will be determined on a first come, first serve basis.

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).