

St. Charles Art Camp

St. Charles Art Camp is back for another fulfilled summer.

Campers will paint, draw, and create unique pieces of art.

If you have any questions, please contact Mrs. Wysopal at 612-787-1107

or e-mail twysopal@stchbs.org

When: Monday, June 11-Thursday, June 14, 2018
Who: Boys & Girls entering Kindergarten – 9th grades in the Fall
Time: 8:00 -10:00 am (kindergarten - 4th graders -Fall of 2018)
10:00 - 12:00 pm (5th - 9th graders - Fall of 2018)



Where: St. Charles Art room--2727 Stinson Blvd. N.E. St. Anthony, MN

What to bring: Art shirt

Cost: \$50.00 per participant. Please make checks payable to St. Charles School

- **Please fill out the application below and return it to St. Charles by June 1.**
- **(Please keep the top portion for your records. Thank you.)**

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FAMILY INFORMATION

Student/Participant _____ Grade (Fall 2018) _____

Parent/Guardian Name _____

Best Phone #s to Reach You During This Camp: _____ , _____

I, _____, grant permission for my child, _____

Parent or Guardian's Name

Student/Participant's Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit.

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers,

Contact _____ Relationship _____ Phone _____

OPTIONAL MEDICAL INFORMATION: Please speak to your child's teacher about specific health concerns.

Medication my child is taking at present _____

Health conditions my child has _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

SIGNATURE _____ Date: _____

Signature of Student _____

OFFICE USE ONLY

Amt Pd _____

Check # _____

Cash _____

Please return this form and the \$50.00 fee to the school office by June 1. Thank You.