

St. Cecelia School Summer Camp 2016 CIT

Name _____ School _____

Address _____ Home Phone # _____

City _____ Zip _____ Cell # _____

Email _____

Emergency Contact Name: _____

Phone # _____

Cell # _____

Summer Camp

Times available to work	8 am - 4 pm
Week 1	6/6-6/10
Week 2	6/13-6/17
Week 3	6/20-6/24
Week 4	6/27-7/1
Week 5	7/5-7/8
Week 6	7/11-7/15
Week 7	7/18-7/22

***** **Please mark the weeks you would like to work.**

Consent & Release

I, the parent/legal guardian, of the named child on this form, do hereby assume all risks and hazards incidental to my child's participation in activities, use of equipment and facilities at St. Cecelia Interparochial School, and I do hereby agree to release, absolve, defend and hold harmless St. Cecelia School, St. Cecelia Church, The Diocese of St. Petersburg and Bishop Robert N. Lynch and their employees, agents and volunteers from any and all claims, damages, losses or injuries of any kind, resulting from my child's participation in activities, use of equipment and facilities of St. Cecelia Interparochial School. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my youth.

Signature of Parent or Legal Guardian

Date