

COSGRIFF SUMMER CAMP 19

Mon-Thurs 9am-12noon June 3-27

Registration Form

Weekly rate for all camps \$125

Weekly rate for 6th, 7th & 8th grade Summer Reading Class \$50

You can register at: www.cosgriff.org or fill out this registration form and deliver or mail with check payable to: J.E. Cosgriff School, Summer Camp
2335 E. Redondo Ave Salt Lake City, UT 84108

| Register based on 2019-2020 school year | |
|--|-------------------|
| Preschool: | |
| Week 1Week 2Week 4 | |
| Kindergarten: | |
| Week 1Week 2Week 4 | |
| First Grade: | |
| Week 1Week 2Week 3Week 4 | |
| Name of student 1 Grade for the 2019-2020 school year_ | |
| Name of student 2Grade for the 2019-2020 school year_ | |
| Name of student 3Grade for the 2019-2020 school year | <u></u> |
| Total Number of Weeks X \$125 | Sub-Total A \$ |
| Middle School, Summer Reading (Mon-Thur 11am-12pm) | |
| 6 th : | |
| Week 1Week 2Week 3Week 4 7 th : | |
| Week 1Week 2Week 3Week 4 | |
| 8 th : | |
| Week 1Week 2Week 3Week 4 | |
| Name of student 1Grade for the 2019-2020 school year_ | |
| Name of student 2Grade for the 2019-2020 school year_ | |
| Name of student 3Grade for the 2019-2020 school year | |
| Total Number of Weeks X \$50 | Sub-Total B |

| Specialty Camps Week One: June 3 - June 6 | | |
|---|---|-------------------|
| √ Check Camp Selection/s | | |
| Coding (2nd-4th grade) Art inspired by Nature (5th-8th grade) Summer Writing Boot-Camp 9:00 to 11:00 Opera ART! A 4-week class for students CREATION! Grades (2nd-4th grade) Music, Movement, Art, and Authors (2nd-4th grade) History through the Eyes of Women (5the The Art and Math of Making a Mural (2-4) | entering (2nd-4th grade) d-4th grade) -8th) | |
| Name of student 1 | Grade for the 2019-2020 school year_ | |
| Name of student 2 | Grade for the 2019-2020 school year_ | |
| Name of student 3 | Grade for the 2019-2020 school year_ | |
| Total Number of Specialty Camps June 3-6 _ | X \$125 | Sub-Total C \$ |
| Specialty Camps Week Two: June 10 - June 13 √ Check Camp Selection/s Coding (5th-8th grade)Art Gone Global (5th-8th grade)Summer Writing Boot-Camp 9:00 to 11:00Opera ART! A 4-week class for studentsSPORTS PSYCHOLOGY AND PHYSICACalling All Young Poets! Poetry WritinFun_with Fabric (2nd- 4th grade)Aeronautics Industry and Design (5th-8thMigration Then and Now (5th-8th) | entering (2nd-4th grade) LL SKILLS TRAINING (5 th grade-high sch g for Young Teens – (5th-8th grade) h grade) | |
| Name of student 1 | • | |
| Name of student 2 | • | |
| Name of student 3 | Grade for the 2019-2020 school year_ | |
| Total Number of Specialty Camps June 10-13 | 3 X \$125 | Sub-Total D |

| Specialty Camps Week Three: June 17 - June 20 | | |
|---|---------------------------------------|-------------------|
| √ Check Camp Selection/s | | |
| Coding (2nd-4th grade) Nature's Pallet 2nd-4th grade) GIRL POWER!!! (3rd-5th grade) Summer Writing Boot-Camp 9:00 to 11:00 a. Opera ART! A 4-week class for students en Fashion 101 (6th-9th grade) History through the Eyes of Women (5th-8th) | tering (2nd-4th grade) | |
| Name of student 1 | _Grade for the 2019-2020 school year_ | |
| Name of student 2 | _Grade for the 2019-2020 school year_ | |
| Name of student 3 | _Grade for the 2019-2020 school year | |
| Total Number of Specialty Camps June 17-20 _ | X \$125 | Sub-Total E \$ |
| Specialty Camps Week Four: June 24 - June 27 √ Check Camp Selection/s Coding (5th-8th grade)Artistic Creations (2nd-4th grade)GIRL POWER!!! (6th-8th grade)Summer Writing Boot-Camp 9:00 to 11:00 a.m. (6th-9th grade)Opera ART! A 4-week class for students entering (2nd-4th grade)Calling All Young Authors! Short Story Writing for Young Teens - (5th-8th grade)Reduce, Reuse and Refashion (4th- 9th grade)A WEEK LONG ADVENTURE INTO THE WORLD OF AN ARCHITECT (2nd-8th grade)Migration Then and Now (5th-8th) | | |
| Name of student 1 | _Grade for the 2019-2020 school year_ | |
| Name of student 2 | _Grade for the 2019-2020 school year_ | |
| Name of student 3 | _Grade for the 2019-2020 school year | |
| Total Number of Specialty Camps June 24-27 _ | X \$125 | Sub-Total F \$ |
| Please make checks payable to: J.E. Cosgriff Sur | mmer Camp | TOTAL |

TOTAL

Parent Information

| Name of Parent 1 | Cell Number |
|----------------------|--|
| Name of Parent 2 | Cell Number |
| In Case of Emergency | (other than parent 1 & 2) Please Call: |
| Name | Cell Number |
| I | Orop off/pick up - west entrance in St. Ambrose parking lot |
| Students do not ne | ed to be enrolled at Cosgriff School, or be a St. Ambrose parishioner to attend Summer School |
| | Summer School scholarships are available. |
| | Contact Mrs. Hunt 801-486-6933 or bhunt@cosgriff. org |
| | Please sign Limit of Liability |
| | |
| | J.E. COSGRIFF MEMORIAL CATHOLIC SCHOOL CAMP RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT") |
| | IN CONSIDERATION of being permitted to participate in any way in the J.E. Cosgriff Summer Adventure Camps and/or Extended Day Program, I for myself, my personal representatives, assigns, heirs and next of kin: |
| | 1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Camp and that I am qualified, in good health, and in proper physical condition to participate in such Camp. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Camp. 2. FULLY UNDERSTAND that (a) ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS OF SERICUS BOILT NURLY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH (*RISKS"), (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place or THE NEGLIGENCE OF THE *RELEASEES' NAMED BELDAY, (c) there may be OTHER RISKS AND SOCIAL ACTIVITIES CONNOMIC LOSSES either not known to me or not readily foresceable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DANAGES I incur as a result of my participation or that of the minor in the Activity. 3. HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE J.E. Cosgriff Memorial Catholic School as well as the officers, directors, agents, employees and assigns of each, (each considered one of the *RELEASEES' retemi) FROM ALL ABILITY, CLAIMS, DEMANDS, LOSSES, OCT AMAGOES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGIENCE OF THE *RELEASEES' OR OTHER MESS, INCLUDING NEGLIGIENT RECOULD FOR PART BY SINGLIGHT SECURITY, TRAVEL AND RECREATIONAL OPERATION OF RISK AND INDEMNITY AGREED HAVE A GREE that if, despite this RELEASE AND WALVER OF LABILITY, CLAIMS, and the properties of the properties of the security of the RELEASE AND WALVER OF LABILITY, ASSOLMPTION OF RISK AND INDEMNITY AGREED HAVE A GREE that if, despite this RELEASE AND WALVER OF LABILITY, ASSOLMPTION OF RISK AND INDEMNITY AGREED HAVE A GREE that if, despite this RELEASE AND WALVER OF LABILITY, ASSOLMPTION OF RISK AND INDEMNITY AGREED HAVE A GREE that if, despite this RELEASE AND WALVER OF LABILITY, AND T |
| | I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTERD IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE TO BE IN PULL FORCE AND EFFECT. |
| | PRINTED NAME OF PARTICIPANT: |
| | MINOR RELEASE AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, DE MANDE ON THE MINORS ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IP, DESPITET THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKE'S A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM. |
| | PRINTED NAME OF PARENT/GUARDIAN:ADDRESS: |
| | (Street) (City) (State) (Zip) |
| | AREA CODE:PHONE: PARENT/GUARDIAN SIGNATURE: |
| | |