

# BLUE DEVIL SUMMER ENRICHMENT 2010

## ARTS – ATHLETICS – TECHNOLOGY

- Enrollment is limited: return this form and all checks in a sealed envelope to the main office of your school. Please write “SUMMER ENRICHMENT” on the envelope.
- Camps cost \$65 per student and run from **MON – THURS, 9AM-12PM** unless otherwise noted (make-up day is Friday).
- If an outdoor camp has multiple days cancelled, credit can be given towards another camp; **THERE ARE NO REFUNDS.**
- All campers, with the exception of the **BASEBALL/SOFTBALL** and **TENNIS** camp, will be dropped off and picked up at the rear entrance (Larch Ave) of Fairhaven High School.
- The **BASEBALL/SOFTBALL** and **TENNIS** camp drop-off is at Hastings Middle School.
- **QUESTIONS?** Call Scott Francis at FHS, **508-979-4051 x 3005**

**\*\*\*IMPORTANT:** You must write a separate check for each camp your child is attending. If you have more than one child attending the same camp, you can use one check for that camp.

***Make checks payable to: TOWN OF FAIRHAVEN.***

STUDENT NAME: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

Please circle the camp(s) that you are registering for below. Grade is for the current 2008-2009 school year.

*JUNE 21 – 24*

**BOYS/GIRLS TENNIS GRADES 3 – 8**

**GIRLS VOLLEYBALL GRADES 3 – 8**

**\*\*\*VOLLEYBALL IS 12PM – 3PM**

*JUNE 28 – JULY 1*

**BASEBALL/SOFTBALL GRADES 3 – 8**

**\*\*\*BASEBALL/SOFTBALL IS 12PM – 3PM**

*JULY 12 – 15*

**BOYS/GIRLS BASKETBALL GRADES 3 – 8**

**\*\*\*BASKETBALL IS 12PM – 3PM**

*JULY 19-22*

**BOYS/GIRLS LACROSSE GRADES 3 – 8**

*JULY 26 – 29*

**BOYS/GIRLS SOCCER GRADES 3 – 8**

*AUGUST 2 – 5*

**GIRLS FIELD HOCKEY GRADES 3 – 8**

### ***THESE ARE INSTRUCTIONAL CAMPS RUN BY HIGH SCHOOL COACHES***

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**SCIENCE CAMP (9AM – 12PM)**

*JUNE 21 – 24*

GRADES 3 – 5

**ART CAMP (9AM – 12PM)**

*JUNE 28 – JULY 1*

GRADES 3 – 6

**TECHNOLOGY CAMP – ROBOTICS (9AM-12AM)**

*JULY 5 – 8*

GRADES 3 – 8

***Please complete and sign reverse side.***

**ALL SECTIONS MUST BE COMPLETED/SIGNED**

**HEALTH HISTORY** (All information must be completed by a parent or guardian)

Heart disease or heart problems                       Epilepsy or seizures                       Stroke  
 Hypertension-high blood pressure                       Abnormal chest x-ray                       Asthma  
 Diabetes or abnormal blood sugar test                       Orthopedic or muscular problems

\_\_\_\_\_  
Any other major health problems or **allergies** (if yes, please list)

\_\_\_\_\_  
Use of prescription drugs (if yes, please list)

**WAIVER OF LIABILITY AND PERMISSION TO PARTICIPATE**

**Participant's Name:** \_\_\_\_\_

I, the undersigned, give permission for my child to participate in the activities offered by Fairhaven Public Schools. I know of no physical disorder that could keep my child or ward from participating in this program. I understand there are inherent risks associated with physical activity. I waive any claim of liability against, and agree to hold harmless Fairhaven Public Schools, and any other officer, agent and/or employee thereof from any claim of injury to participant arising out of or in any way connected with any class or activity offered by Fairhaven Public Schools.

Further, if said participant should become injured while participating in a program, I authorize transportation to any physician or surgeon licensed in the State of Massachusetts to perform any emergency or surgical treatments, which, in his or her judgment, may be necessary.

I also give permission for any photograph, videotape, film audiotape or writing of said participant, obtained during normal after-school activities and races, to be used in informational materials for Fairhaven Public Schools.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Please check here if your child is a foster child or for any other reason should not be photographed \_\_\_\_\_)

**PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE**

I hereby give permission to the medical personnel selected by Fairhaven Public Schools, including without limitation, coaches, volunteers and staff to provide transportation and all necessary medical and dental care for the above-named child. I hereby give permission to the medical care providers selected by Fairhaven Public Schools to secure and administer all necessary treatment, including hospitalization, for the child. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the child.