

Redeemer Lutheran Summer Camp
June 8, 2015 – August 14, 2015
7:00 a.m. - 5:30 p.m.



K- 5th Registration Fee \$100__ T-Shirt Fee \$10__

5 Full Days: \$125
3 Full Days: \$100
2 Full Days: \$75

5 Half Days: \$75
3 Half Days: \$50
2 Half Days: \$40

Name of Student _____ Date of Birth ____/____/____ Age ____

Email Address: _____

Parent/Guardian Name _____ Phone Number _____

Street Address _____

City _____, FL Zip Code _____

Who is responsible for making payments?

Name _____ Phone _____

Would you be interested in having your child attend classes at Redeemer Lutheran Church or School? _____

Best way to reach you? Email ____ US Postal Mail ____ Phone ____ (Best time of day to call _____?)

PAYMENT POLICY

I understand that I am responsible for payment of registration and Weekly tuition fees for summer camp. I further understand that payment is due in full on Monday of each week. Failure to pay in a timely manner will result in suspension from summer camp until payment is made in full.

PHYSICAL RELEASE: I represent and warrant that to the best of my knowledge and belief, my child is physically and mentally able to participate in classes offered by Redeemer Lutheran Church and School. If a medical emergency should arise, I understand that the policies and procedures in place at Redeemer will be followed.

PHOTO RELEASE: I understand and agree that photos and/or video tapes will be taken throughout the summer and that these images may be published and/or used for advertising and/or promotional use by Redeemer Lutheran Church and School and its agents. I relinquish the right to protest any such use or receive compensation of any type.

****WAIVER:** I HEARBY WAIVE ALL CLAIMS FOR INJURY, DAMAGE, OR LOSS TO MY PERSON AND PROPERTY DURING MY ENROLLMENT IN THE SUMMER AHEAD AND RELEASE THE PROMOTORS, DIRECTORS, PRINCIPALS, AGENTS AND EMPLOYEES OF Redeemer Lutheran Church and School FROM ANY LIABILITY FOR INJURY, DAMAGE OR LOSS WHICH MAY BE CAUSED BY ANY ACT OR OMISSION OF ANY OF THEM.

****BY SIGNING, THE PARENT OR GUARDIAN EXPRESSLY ADOPTS AND AGREES TO BE BOUND BY THE ABOVE WAIVER AND RELEASE AGREEMENT.**

THE SIGNATURE AND INITIALIZING BY A PARENT OR GUARDIAN IS REQUIRED IN THE CASE OF EVERY STUDENT WHO IS UNDER 18 YEARS OF AGE.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____