



# Art Camp 2021



June 14th -17th

St. Charles is pleased to offer Art Camp to students who are currently in Kindergarten through 8th grade. Camps will run for 4 days, 1 1/2 hour each day. There will be time between each camp to clean and reset for the next grade. Students will have a chance to use their creativity and make many new art projects.

**Schedule Monday, June 14 -Thursday, June 17**

**8:30 - 10:00 am 6th - 8th grades**

**10:30-12:00 pm 3rd - 5th grades**

**12:30 - 2:00 pm Kindergarten - 2nd grades**

The cost of the camp is \$50.00 to cover the cost of materials and time.

Each student should bring a water bottle, wear a mask, and wear a paint shirt or clothing they can get messy in.

## FAMILY INFORMATION

STUDENT NAME \_\_\_\_\_ GRADE (current) \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

BEST PHONE # TO REACH YOU DURING CAMP: \_\_\_\_\_

E-MAIL \_\_\_\_\_

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 lawsuits brought against the parish/school/Archdioceses 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/lawsuit.

### 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 emergency, if you are unable to reach me at the above numbers,

Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

I understand the conditions for the camp and am willing to abide by these conditions.



**Please return this form and \$50.00 fee to Mrs. Wysopal before May 21<sup>st</sup>**

Questions? Contact Teri Wysopal at [twysopal@stchbs.org](mailto:twysopal@stchbs.org)

