



# Crochet Camp 2025

June 16th -19th



St. Charles will be offering a crochet camp this summer for all current 5th-8th graders. Mrs. Schiltz will teach the basic crochet stitches, and students will get to choose from a variety of beginning crochet patterns to create their first project. Students are welcome to bring supplies if they already have them, otherwise, all supplies will be provided.

**When: Monday, June 16 - Thursday, June 19**

**12:00 pm - 2:00 pm**

**Where: Middle School Science Room**

**Who: Current 5th-8th grade students (the camp caps at 15 students!)**

The camp costs **\$75.00** to cover the cost of materials and time. *(Please do NOT send payment...this will be billed through TADS)*  
Each student should bring a water bottle. Students may bring a lunch if they are also attending Volleyball Camp.

**Turn in the completed form to the office or to Mrs. Schiltz by June 4. The camp will cap at 15 students.**

( Keep this top portion for your records.)

## 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, \_\_\_\_\_,

Printed Parent or guardian's name

Printed Child's name

to participate in this school activity. This activity will take place under the guidance and direction of school employees and/or volunteers from St. Charles Borromeo School.

I understand and agree that as parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("student/participant"). Further, I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Charles Borromeo School its officers, directors, employees and agents, and the Archdiocese of Saint Paul and Minneapolis, its employees and agents, chaperones, or representatives associated with the event and activities (hereinafter "Releasees"), from any claim, including but not limited to all claims relating to communicable disease, arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Releasees for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Releasees.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

**Name & relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Specific Medical Information:** The parish/school will take reasonable care to see that the following information will be held in confidence.

**Medications:** My child is taking medication at present. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations - Date of last tetanus/diphtheria immunization: \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_



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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Questions? Contact Maggie Schiltz at [mschiltz@stchbs.org](mailto:mschiltz@stchbs.org)