

# *St. Anastasia Catholic School*

## ***2018 SUMMER CAMP***

*June 4 through August 3*

### ***Day Camp - Ages 5-12***

*(In order to ride on the school bus,  
a student must be 5 years old.)*

### ***Pre-School Camp - Ages 3-4***

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## ***2018 Basketball Camp***

*Boys and Girls—Ages 6-16*

*July 16-19*

401 South 33rd Street  
Fort Pierce, Florida 34947  
Phone: 772-461-2232  
Fax: 772-468-2037

## GENERAL INFORMATION

The Day Camp is limited to 55 students per week and the Pre-school camp is limited to 20 students per week. Space will be filled as applications from St. Anastasia students are received. Parents of students who do not attend St. Anastasia will need to talk with the Camp Director, Coach Jo Blakeslee, to review camp rules and expectations. Students who do not attend St. Anastasia will be allowed to attend camp if space allows.

**LENGTH AND TIME OF CAMP** - Summer Camp will begin June 4 and will end the week of July 30. Camp runs from 7:30 a.m. until 5:30 p.m. Activities begin at 9:00 a.m. and end at 5:00 p.m. There will be **no camp** the week of July 2. **Students must be signed out prior to 5:30 p.m.** Late charges: the late charge is \$1.00 per minute for those students not signed out by 5:44 p.m. At 5:45 p.m. the late charge will be \$2.00 per minute until the student is signed out.

**CAMP FEES** - The cost of the day camp is \$100.00 per week and is payable each Monday morning. The camp fee includes all activities. Families may pay the weekly fee by check or charge the weekly fee to their school RenWeb account. Students who do not attend St. Anastasia will need to pay by check, made payable to St. Anastasia Catholic School. (There will be a \$30.00 insufficient funds fee.)

The \$100.00 fee covers Monday through Friday of one week. It cannot be broken up into two or more weeks. Credit is not given if a child is absent.

### **ACTIVITIES FOR CAMP**

Pre-School Camp—Ages 3 and 4:           Playground, Learning Centers, movies, computer learning games, water play  
(All activities are located on school grounds.)  
(Students must be potty trained)

Day Camp—Ages 5-12 :           Swimming, bowling, skating, field trips, basketball, pepper ball, roller skating, volleyball  
(In order to ride on the school bus to off-campus activities, a student must be 5 years old.)

**LUNCH** - Students bring their own lunches in coolers or lunch boxes. Please provide your child with enough water for the day. Snacks and drinks will be available for students to purchase. If you would like your child/ren to purchase items from the snack bar they will need to bring cash with them to camp.

On Fridays campers may purchase lunch at camp. Lunch will be a slice of pizza, a drink and a snack.  
The cost will be \$4.00 per camper.

**INSURANCE** - All summer camp students are automatically enrolled in a school accident insurance program provided by the Diocese. It must be noted that this is **EXCESS** insurance. This means that payment of all bills incurred is made only in **EXCESS** of all other family or employer group insurance, and these plans must contribute their maximum before the school coverage has any liability. This is a program of supplemental coverage designed to pick up any shortage, or if no other insurance plan exists, to pay the medical bills in full to the limit stated by the insurance company.

**The camp's emergency cell phone number is 772-332-3898.**

### **BASKETBALL CAMP - July 16-19**

John Carroll High School Gym

Directed by Mike Leatherwood

8:30 a.m. until 12:30 p.m.—Ages 6-11

1:00 p.m. until 5:00 p.m.—Ages 12-16

\$80.00 (includes camp t-shirt and awards)

\$75.00 (if registered and paid by July 9.)

This camp requires a separate registration form that is available  
in the school office or on the school's website —  
[www.saintanastasiaschool.org](http://www.saintanastasiaschool.org).

If your child will be attending the regular summer camp this week you will need  
to also submit the registration form in this packet along

# SUMMER CAMP RULES AND EXPECTATIONS

## General rules

1. Show respect to the summer camp employees
2. Respect school property
3. Speak courteously with others
4. Follow directions of summer camp employees
5. Disrespect to others, children or adults, will not be tolerated.
6. No cell phones, I-Pods, or other electronics
7. No flip-flops or backless shoes allowed - athletic shoes only
8. Eating and drinking takes place at picnic tables (no eating on court or equipment)
9. No littering - there are several containers for garbage.
10. Students **must** check in with summer camp employee before leaving play area for restroom, water fountain or any other area.
11. St. Anastasia school reserves the right to exclude or dismiss any student, because of misbehavior or other reasons, from the summer camp program.

## Playground rules

1. No bullying.
2. No running on the equipment
3. No pushing
4. No jumping off equipment
5. One person down slide at a time, facing forward and on seat
6. No balls, bats, toys, batons on equipment
7. Use equipment as designed
8. No hanging on volleyball nets
9. Stay off blue top
10. Keep sand off blue top

## School bus and field trips rules

1. Campers will walk to and from the bus
2. Campers will obey the bus driver's rules for the bus
3. Campers will remain in the bus seat at all times while riding
4. Campers will keep head, hands, and feet inside the bus at all times
5. Campers will cause no damage to the bus
6. Campers will not throw objects out of the bus window
7. Campers will speak in low conversational tones
8. Campers will show respect to other children, adults and property at field trip destinations
9. Campers will remember that during field trips they represent St. Anastasia Catholic School

# St. Anastasia Catholic School - 2018 Summer Camp Registration Form

Please complete one registration form per child and return to the school office.

Please sign and return the attached Diocese of Palm Beach Field Trip Consent and Release Form.  
**A student may not participate in any of the off-campus activities if the form is not signed.**

**Please indicate below which camp your child will be attending.**

## PRE-K CAMP - AGES 3 AND 4

Please indicate the weeks your child will be attending.

All  
 June 4-8  
 June 11-15  
 June 18-22  
 June 25-29  
 July 2-6—NO CAMP

July 9-13  
 July 16-20  
 July 23-27  
 July 30-Aug 3

## DAY CAMP - AGES 5 THROUGH AGE 12

(In order to ride on the school bus a student must be at least 5 years old.)

Please indicate the weeks your child will be attending.

All  
 June 4-8  
 June 11-15  
 June 18-22  
 June 25-29  
 July 2-6—NO CAMP

July 9-13  
 July 16-20  
 July 23-27  
 July 30-Aug 3

Camper's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Camper's Date of Birth: \_\_\_\_\_ Camper's Age (at the beginning of camp) \_\_\_\_\_

Grade Entering (Fall of '18) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Place of Employment: Dad: \_\_\_\_\_ Mom: \_\_\_\_\_

Phone Numbers: Work# Dad: \_\_\_\_\_ Work# Mom: \_\_\_\_\_

Cell# Dad: \_\_\_\_\_ Cell# Mom: \_\_\_\_\_

### Parents will be notified first in the case of an emergency.

Alternative Emergency # : \_\_\_\_\_ Ask for: \_\_\_\_\_

Please list all individuals, other than yourself, who are permitted to pick up your child.

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I have advised the Camp Director of specific, prescribed medication my child may need and have supplied the Camp Director with said medication in a prescription bottle and a signed Diocesan Authorization for Medication Form. (A copy of the form is enclosed with this packet. The form may also be obtained from Coach Blakeslee or the school office.)

I understand that this is a Catholic camp, that Catholic/Christian based activities may be included, and that behavior at camp will be consistent with Catholic/Christian values and the St. Anastasia Catholic School Code of Student Conduct. I have read and discussed the Summer Camp Rules and Expectations with my child. I understand that students causing severe or continuous disruption, or displaying severe or continuous disrespect toward others, or students behaving in a manner not in keeping with Catholic school philosophy and expectations, will be dismissed from the St. Anastasia Summer Camp.

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



# Diocese of Palm Beach

## Field Trip Consent and Release

Entity: Remember to keep Field Trip Consent and Release Forms on file for 4 years.

EVENT:	SUMMER CAMP ACTIVITIES 2018		
DESTINATION:	Swimming at IRSC Mondays - 10:30-12:15	Skating at Skate Factory Tuesdays - 9:30-12:30	Bowling at Superplay Fridays - 12:15-2:30
DATE(S):	Weeks of June 4, 11, 18, 25; July 9, 16, 23, 30, 2018		
NAME OF PARTICIPANT:	CELL PHONE:		

PARENT/GUARDIAN:	PHONE NUMBER:		
PARENT/GUARDIAN ADDRESS:			
CITY:	STATE:	ZIP:	

EMERGENCY CONTACT INFORMATION			
NAME:	PHONE NUMBER:		
ADDRESS:			
CITY:	STATE:	ZIP:	

SPECIAL NEEDS INCLUDING FOOD ALLERGIES:			
If your child will require medication on this trip, please complete the Diocesan Authorization for Medication form.			

I hereby freely and voluntarily consent to participation in the field trip/activity described above. I agree to assume all financial responsibility for participation in the field trip/activity and hold ST ANASTASIA SCHOOL (entity name), Diocese of Palm Beach, Inc. and all of their corporate members, affiliated entities, employees, officers, directors, and agents ("Sponsor") harmless for all costs incident to my participation in this field trip/activity.

I, the undersigned, a participant in the field trip described above, do waive and release Sponsor from liability for any injury, accident, or damages caused by any vehicle, weather, sickness, or otherwise stemming from any act or omission of any individual. I also release Sponsor and agree to indemnify it with regard to any financial obligations incurred by my acts or omissions.

I understand that all travel involves some risk, and I hereby agree to assume and consent to such risk. I hereby waive and release Sponsor for any injuries, damages, or losses incurred in connection with actions, omission or conditions or developments, or any other actions, omissions or conditions within or outside Sponsor's control. By my participation in this program I voluntarily assume all risks involved in such travel, whether expected or unexpected. I hereby acknowledge that I have been warned of such risks, and that I have been advised to take appropriate action and to govern myself accordingly. I am also aware that certain insurance companies do offer insurance against some of the many perils noted and that I may opt to insure myself should I so choose.

I hereby grant Sponsor full authority to take whatever actions they may consider in their sole discretion to be warranted under the circumstances concerning my health and safety and I specifically and fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize Sponsor at its discretion, to place me at my own (or my parents' or my guardians') expense and without further consent, in a hospital that is readily available, to place me in the hands of a local physician for treatment, should the need arise at my expense.

I agree to comply fully with the rules of Sponsor and any travel company and I agree that Sponsor has the right to enforce its standards of conduct as determined and interpreted in its sole discretion, and that, should I fail to comply with them, Sponsor has the right to terminate my participation in the program. In the event of termination, I agree to be sent home

at my parent(s)/guardian(s) expense. I understand that this is an organized program and that group standards must be observed. I hereby waive and release Sponsor from any claim arising out of my failure to remain under such supervision. In addition, I acknowledge the right of Sponsor to terminate my participation at any time of failure to maintain standards or for any actions or conduct for which Sponsor deems incompatible with the interest, harmony, comfort, and welfare of other students. I specifically agree not to bring any weapons or illegal drugs with me on the field trip/activity.

I acknowledge that Sponsor is not responsible either for any injury or loss whatsoever suffered by me during periods on independent travel or during any absence from the program of Sponsor.

All references in this release to Sponsor shall also include all of its chaperones, group leaders, faculty members, administrators, advisors, and agents. All reference to the parent of the participant includes the legal guardian or other adult responsible for the participant.

I have read the terms and conditions set forth by Sponsor and I agree that this constitutes a part of any agreement with Sponsor. I understand and agree to all of Sponsor's terms as set forth in the descriptive information and in this Release. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Participant:	
Print Name:	Date:

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Field Trip Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant's leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian:	
Print Name:	Date:

**PHOTOGRAPH AND/OR VIDEOTAPE CONSENT & RELEASE**

I hereby grant to Sponsor the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance.

Signature of Participant:	
Print Name:	Date:

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Photograph and/or Videotape Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant's leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian:	
Print Name:	Date:



## Diocesan Authorization for Medication Form

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

**Student Name:** \_\_\_\_\_  
(Please print)

It is necessary that medication be given as follows:

**Name of medication:** \_\_\_\_\_  
(Brand Name; also, Medication Name as it appears on container (if generic equivalent))

**Prescription No.:** \_\_\_\_\_

**Color, if applicable:** \_\_\_\_\_

**Please circle form of medication:**

Tablet   Pill   Capsule   Inhalation   Liquid   Other/Specify \_\_\_\_\_

**Dosage:** \_\_\_\_\_  
(Amount to be given)

**How often/What time:** \_\_\_\_\_

\*\* No injection will be given, except in an extreme emergency, such as allergy to bee sting or the like.

The parent knows of this request and is in full agreement that this medication will be supplied as needed. Should the student manifest any of the following symptoms caused by the medication, please contact the parent or my office.

**REMARKS:** \_\_\_\_\_

**KNOWN ALLERGIES:** \_\_\_\_\_

\_\_\_\_\_  
**Print Parent's Name**

\_\_\_\_\_  
**Parent's Signature**

**PLEASE PRINT PHYSICIAN'S NAME:** \_\_\_\_\_

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Physician's Telephone Number**