

Registration Form (Both sides of this form must be completed) -OR- **Register Online at cjeagles.org**

Camp Participant's Name 1 2 3 4 5 6 7 8 9	Age	Parent's/Guardian's Name
Grade during 2017-18 school year (circle one)	Current School	
Address	City	State/Zip
Home phone	Emergency phone	Email

T-Shirt Size— Note, not all camps provide t-shirts

Child Size:	<input type="radio"/> Small	<input type="radio"/> Medium	<input type="radio"/> Large	<input type="radio"/> XLarge	
Adult Size:	<input type="radio"/> Small	<input type="radio"/> Medium	<input type="radio"/> Large	<input type="radio"/> XLarge	<input type="radio"/> XXLLarge

Check the Camp(s) that This Participant Will Attend:— All camps are at CJ unless otherwise noted.

JUNE

- Writing**—Grades 4-8
Jun 5-9, 8:30-11:30 a.m., \$55
- Tennis-Boys & Girls**—Grades 4-8
Jun 5-9, 1:00-3:30 p.m., \$55
Place: UD Tennis Courts
- STEMM Gateway to Technology:
The Miami Valley** — Grades 7-9
Jun 5-9, 8:30-2:30 p.m., \$100
- Basketball-Girls**—Grades 3-9
Jun 5-8, 9:00-3:00 p.m., \$95
- Football**—Grades 3-8
Jun 12-14, 9:00-3:00 p.m., \$70
- Volleyball-Boys & Girls**—Grades 4-6
Jun 12-15, 8:00-11:00 a.m., \$55

- Volleyball-Boys & Girls**—Grades 7-8
Jun 12-15, 3:00-6:00 p.m., \$55
- Volleyball-Boys & Girls**—Grade 9
Jun 12-15, 7:00-9:00 p.m., \$55
- Lacrosse-Boys**—Grades K-10
Jun 19-22, 5:00-8:00 p.m., \$80
- Lacrosse-Girls**—Grades 4-9
Jun 26-Jun 30, 5:00-8:00 p.m., \$100

JULY

- Basketball-Boys**—Grades 7-9
Jul 10-13, 8:30-3:30 p.m., \$95
- Soccer-Girls & Boys**—Ages 8-12
Jul 10-13, 9:00-noon, \$100
**** online registration only**

- Soccer-Boys**—Grades 6-12
Jul 10-13, 9:00-noon, \$100
- Basketball-Boys**—Grades 4-6
Jul 17-20, 8:30-3:30 p.m., \$95
- Musical Theatre**—Grades 5-8
Jul 18-21, 8:30-3:00 p.m., \$95
- Soccer-Girls**—Grades 6-12
Jul 24-28, 6:00-8:30 p.m., \$95

AUGUST

- Laffalot-Boys & Girls**—Ages 6-12
Jul 31-Aug 4, 9:00-2:00 p.m., \$117
****make check payable to: Pat Nymberg**

Registration & Payment:

There are two ways to register and make payment for camps:

- 1 Register online and use a credit card at cjeagles.org, or
- 2 Complete this registration form and mail along with a check made payable to **CJ Eagle Summer Camps**
****Note:** check should be made payable to Pat Nymberg for Laffalot; and registration for Soccer-Girls & Boys is available online only

Mail to: **CJ Eagle Summer Camps • Chaminade Julienne • 505 South Ludlow St. • Dayton, OH 45402**

**CAMP DETAILS & ONLINE REGISTRATION
AVAILABLE AT CJEAGLES.ORG**

Consent to Participate and Photo Release:

Name of student participant: _____ . I hereby consent to the above named individual attending an CJ Eagle Summer Camp. I fully understand that injury is always a possibility in any athletic event or activity and accept and assume full responsibility for all injuries and losses (both economic and non-economic), foreseen or unforeseen, that may occur. With this understanding, I release Chaminade Julienne Catholic High School, its trustees, officers, employees, camp directors and administrators from any and all liability in the event of accident or injury to the above named participant(s) from participation. By my clicking "I Consent" below, I warrant that my son or daughter is in good physical condition and has no undisclosed medical problems, illnesses or handicaps and is capable of full and active participation in the summer camp program. I also represent that my son/daughter, or, as guardian, my ward has received a physical within the last year and is medically competent to participate in the activities at camp.

Check one: I **do** / **do not** consent the use of my child's photo or video on materials promoting CJ and Eagle Summer Camps programs.

Signature of parent or guardian: _____ date: _____

Name of camp participant: _____

Part I—Consent to Treat — Do not complete if you completed Part II.

In case of a medical emergency, I understand that every effort will be made to contact me, the camp participant’s parent or guardian:

Name of parent/guardian	Phone	Relationship to camp participant
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In the event that I cannot be reached, please contact the individuals listed below who are permitted to act on my behalf:

Name	Phone	Relationship to camp participant
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Name	Phone	Relationship to camp participant
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In the event that no one listed above can be reached, I hereby give my consent and authorization for administration of any treatment deemed necessary by the designated doctor, dentist or hospital of my choice, or in the absence of any designation, as determined by the person presenting this form.

Doctor	Phone
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Dentist	Phone
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Preferred Hospital	Phone
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If the preferred physician or dentist is unavailable, I consent for treatment by another licensed physician, dentist or medical facility. This authorization doesn’t cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for surgery, are obtained prior to the performance of surgery. Facts concerning the child’s medical history including allergies, medication taken, and any physical impairments to which a physician should be alerted:

Signature of parent or guardian: _____ date: _____

Part II—Refusal to Consent — **DO NOT** complete if you completed Part I

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action, or to do this:

Signature of parent/guardian : _____ date: _____

Questions:

If you have questions about CJ Eagle Summer Camps, please contact: **Jeanne Spitzig at (937) 461-3740 x249, or jspitzig@cjeagles.org**. For the latest information and camp updates, visit: **cjeagles.org**.