

Pilgrim Lutheran School
8601 Chimney Rock Road Houston, TX 77096
713-432-7082 www.plshouston.org
APPLICATION for PILGRIM'S ADVENTURE WEEKS 2011
(Please print)

Camper's name

Camper's address

Phone number

Email

Date of Birth

School

Incoming Grade Level (grade Fall 2011)

Parent / Guardian Name

Cell phone number

Camp Selection: Please indicate which camp(s) you plan to attend:

(Minimum of 8 students per class; Maximum of 12 students per class)

Art (incoming 4th – incoming 8th graders) June 20 – 24

Super Sleuths CSI (incoming 4th – incoming 7th graders) June 20 – 24

Cooking (incoming 3rd – incoming 6th graders) July 11 – 15

RoboCamp (incoming 3rd- incoming 8th graders) July 11-15

Parents will be required to provide transportation to and from the camp. Summer Camp begins each day at 9:00A.M. and ends at 3:00 P.M. Students are required to bring their own lunch and drink, except for those attending the Cooking Camp.

Extended day options (AM and/or PM) are available.

The cost for each camp is \$185 per camper. Extended day options: 7 – 9 a.m. \$30; 8 - 9 a.m. \$15; 3 - 4 p.m. \$15; 3 – 5 p.m. \$30; 3 – 6 p.m. \$45. Please include a check made out to Pilgrim Lutheran School.

Please indicate if you need extended day options, by checking the appropriate space.

___ 7-9 a.m. \$30

___ 3-5 p.m. \$30

___ 8-9 a.m. \$15

___ 3-6 p.m. \$45

Before your application will be processed, the following information needs to be completed:

___ Parent or Legal Guardian's signature (below)

___ Emergency Medical Information, Liability Release Form and Photo Release Form (enclosed)

___ Check made out to Pilgrim Lutheran School

ENROLLMENT DEADLINE MAY 13, 2011

Parent/Legal Guardian Signature

Home Phone No.

Work Phone No.

In the event of a cancellation of the course week (unforeseen circumstances, small camper enrollment), the camper will be notified and a full refund will be given.

Pilgrim Lutheran School Summer Camp

EMERGENCY MEDICAL INFORMATION

Camper's name

Camper's age

Camper's birthdate

Allergies or medications*

Medical conditions that we should know

Dietary restrictions

Parent/Guardian name(s)

Home phone number

Cell phone number

Work phone number

In case of emergency, please contact (other than parent) phone number

Camper's physician

Physician's phone number

*All medication must be kept and dispensed through the school office. By law, students/campers may not have any medication in their possession including throat lozenges.

RELEASE FROM LIABILITY

I, _____, am the parent or legal guardian of _____ ("Participant"). In consideration for Participant's participation in a Program being held at Pilgrim Lutheran School, I, as Participant's parent or legal guardian, on behalf of Participant, his/ her heirs, executors, and administrators, hereby voluntarily, irrevocably, and unconditionally release and hold harmless Pilgrim Lutheran School, their respective trustees, officers, employees, agents and assigns (hereinafter "Releasees"), from any and all manner of claims, actions or causes of actions, whether related to or arising from the negligence of Releasees or otherwise, arising from or in connection with Participant's participation in the Program, including but not limited to arising from Participant's presence on the premises of Pilgrim Lutheran School or the Participant being transported to or from or traveling to or from the premises of Pilgrim Lutheran School. This release includes but is not limited to claims of active or passive negligence, products liability, personal injury, death or damage to property or violation of any laws or regulations.

Parent or Guardian's Signature

Date

Photo Release

Photos may be taken of various activities during Summer Camp. Please indicate below your choice as to the use of these photos:

_____ Photos of my child may be used in various Pilgrim publications, including the website.

_____ Please do not use a photo of my child in any of Pilgrim's publications.

Parent or Guardian's Signature

Date