

Our Lady of Mount Carmel School

We are so excited to offer a variety of athletic summer camps for Summer 2023!
Please fill out the form below and return it via email to Mr. Jesse Thomas at jthomas@olmcmd.org. All camps are \$150, except Softball, which is \$50, and Friday Night Lights, which is \$20.
Checks can be made out to Our Lady of Mount Carmel Attn: Athletic Department.

Please choose your Summer Camp Session(s)

Girls Soccer

August 7th-10th | 9am-12pm | 5th-11th girls | \$150 ☐

Boys Soccer

July 17th - 20th | 9am - 12pm | 5th-10th boys | \$150 ☐

Softball

July 24-27 | 10am- 1pm | 3rd-5th girls ☐

Volleyball

August 7-11 | 5pm-8pm | 6th-8th girls ☐

Football Friday Night Lights

July 28 | 5:30pm | Grades: 6-8 ☐

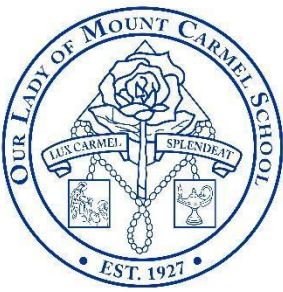
Student Name: _____

Student Age and Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____



Our Lady of Mount Carmel School

Our Lady of Mount Carmel Summer Camp Waiver Form

Name of Player(s):

Age(s):

D.O.B.:

Parent(s) Names:

Parent(s) Emails:

Parent(s) Phone Numbers:

Emergency Contact Person:

Emergency Contact Phone Number:

Any Known Medical Issues and/or Allergies or Injuries:

T-Shirt Size (please list youth or adult):

Our Lady of Mount Carmel Summer Camp Waiver of Liability

The child(ren) named above has my permission to participate in the designated Our Lady of Mount Carmel Summer Camps. I understand that camp participation may involve significant physical activity which could result in injury. I certify that the child is in good physical condition and is fully able to participate. I assume all risk associated with the child's participation and release Our Lady of Mt. Carmel School, its employees, agents, officers, and volunteers from liability, claims, expenses, and actions which may arise from injury or harm to the child as a result of camp participation.

In the event of a medical emergency, I authorize Our Lady of Mount Carmel Summer Camps to designate a physician or hospital or emergency personnel to provide medical care to the child, and release Our Lady of Mount Carmel Summer Camps from any liability for injury or harm to the child which may result from medical care. I understand that responsibility for payment for such medical care will be mine and certify that the child is covered by adequate medical insurance.

I acknowledge and agree that Our Lady of Mount Carmel retains the right to use photographs and videos taken of the event participants for publicity and advertising purposes.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability for myself and my child and a contract between myself & Our Lady of Mount Carmel and I have signed it of my own free will.

(Parent/Legal Guardian Signature)

(Date)