



# St. Cletus Summer Camp

Wendy Usannaz - Director

Stacie Frickey - Asst. Director

stcletussummercamp@gmail.com

## 2021

### June 7 - July 16

Monday - Friday  
8:00am - 3:30pm

Before care/  
Aftercare  
Will be  
determined  
pending COVID  
phase and  
regulations

Breakfast and  
Lunch are  
included daily

### Girls and Boys

Ages 3 thru 13

### Registration Dates:

May 15<sup>th</sup> -  
10:00am - 12:30pm

May 23<sup>rd</sup> -  
10:00am - 12:30pm

### In Front of School

St. Cletus School  
3610 Claire Ave.  
Gretna, LA 70053  
504-366-3538

### Camp Registration Fee:

\$35.00 per Family paid  
by May 23<sup>rd</sup>  
\$50.00 per Family paid  
after May 23<sup>rd</sup>

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### Weekly Rates:

\$135.00 per week  
2<sup>nd</sup> child \$120.00 per  
week  
\$10.00 off per week per  
family for all weeks paid  
by May 23<sup>rd</sup>

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Space available on  
a first come basis

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CAMPERS LAST NAME: \_\_\_\_\_ # of CHILDREN: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**ST. CLETUS SUMMER CAMP - REGISTRATION FORM**

(A \$35.00 per family **Non-Refundable** registration fee must accompany each registration form)

**Parent Information:**

Parent's Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's Place of Employment: Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

My child/children are under the custodial care of \_\_\_ Both Parents \_\_\_ Mother Only \_\_\_ Father Only  
\_\_\_ Other (Please Specify) \_\_\_\_\_

In case of emergency, if parents cannot be reached, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Camper may be released to:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Campers Information:**

Carpool: \_\_\_ Yes \_\_\_ No Walk: \_\_\_ Yes \_\_\_ No Before Care: \_\_\_ Yes \_\_\_ No After Care: \_\_\_ Yes \_\_\_ No

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

**First Camper:** \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_

	Last	First				
Weeks	6/7 - 6/11	6/14 - 6/18	6/21 - 6/25	6/28 - 7/2	7/5 - 7/9	7/12 - 7/16
Attending:						

Prohibited Activities: \_\_\_\_\_ School Attending: \_\_\_\_\_

Please list any allergies, disabilities, physical or emotional limitations your child's counselor should know about: \_\_\_\_\_

**Second Camper:** \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_

	Last	First				
Weeks	6/7 - 6/11	6/14 - 6/18	6/21 - 6/25	6/28 - 7/2	7/5 - 7/9	7/12 - 7/16
Attending:						

Prohibited Activities: \_\_\_\_\_ School Attending: \_\_\_\_\_

Please list any allergies, disabilities, physical or emotional limitations your child's counselor should know about: \_\_\_\_\_

**Third Camper:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_ **Sex:** \_\_\_\_\_

	Last	First			
<b>Weeks Attending:</b>	6/7 - 6/11	6/14 - 6/18	6/21 - 6/25	6/28 - 7/2	7/5 - 7/9

Prohibited Activities: \_\_\_\_\_ School Attending: \_\_\_\_\_

Please list any allergies, disabilities, physical or emotional limitations your child's counselor should know about: \_\_\_\_\_

Medications are not given to children in camp except in special cases. A physician's statement and parent/guardian permission form are required, and records are kept on file. Physician's statements must include the dosage amount and the times the medications must be administered. Any deviation from this rule is solely at the discretion of the camp director. All liquid medications must be pre-measured.

My signature below reflects my permission for my child/children to attend St. Cletus Summer Day Camp and participate in all activities, including those listed or described in the camp flyer or handbook that that I have received, read and understand. My permission is also given to St. Cletus Summer Day Camp to utilize any photo, video or audio of my child/children for publicity or advertising purposing. My child has had a physical examination within the past 24 months and is in good health.

In the event of illness or injury of my child/children while under the supervision of St. Cletus Summer Day Camp, I hereby authorize St. Cletus Day Camp to obtain and/or provide medical treatment and services as deemed necessary and appropriate under the circumstances. In connection with my authorization, I agree that my family health insurance will provide primary coverage for such medical treatment services and that the insurer of the St. Cletus Summer Day Camp provides secondary coverage.

Insurance Company: \_\_\_\_\_ Phone# \_\_\_\_\_ Policy# \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print Clearly): \_\_\_\_\_

# CAMPERS \_\_\_\_\_

# WEEKS \_\_\_\_\_

TOTAL \_\_\_\_\_

\*\*\*\*\*FOR CAMP USE ONLY\*\*\*\*\*

**Non-Refundable Registration Fee \$35.00 (per family):**

Paid: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Week 1: Date Pd \_\_\_/\_\_\_/\_\_\_ Amt \$ \_\_\_\_\_

Week 4: Date Pd \_\_\_/\_\_\_/\_\_\_ Amt \$ \_\_\_\_\_

Week 2: Date Pd \_\_\_/\_\_\_/\_\_\_ Amt \$ \_\_\_\_\_

Week 5: Date Pd \_\_\_/\_\_\_/\_\_\_ Amt \$ \_\_\_\_\_

Week 3: Date Pd \_\_\_/\_\_\_/\_\_\_ Amt \$ \_\_\_\_\_

Week 6: Date Pd \_\_\_/\_\_\_/\_\_\_ Amt \$ \_\_\_\_\_

**ARCHDIOCESE OF NEW ORLEANS  
PARENTAL/GUARDIAN COVID-19  
CONSENT FORM AND LIABILITY WAIVER**

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Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, social distancing is recommended. St. Cletus Parish/School will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its Parish/School activity (including but not limited to summer camp). However, even though such standards will be followed and reasonable measures put into place, **St. Cletus** Parish/School cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Parish/School activity could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by participating in the parish/school activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at St. Cletus Parish/School may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Parish/School employees, volunteers, and program participants and their families.

Considering the foregoing, however, I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in this parish activity that may require transportation to a location away from the parish site, notwithstanding the risks associated with the COVID-19 virus and group activities.

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, indemnify, and hold harmless St. Cletus Parish/School and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives ("Indemnitees") associated with the event arising from or in connection with the negligent acts or omissions of the Indemnitees ONLY in regard to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE TO THE FOREGOING.

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

## **PHOTO RELEASE**

Permission to use photograph

Event: St. Cletus Summer Camp

I grant to St. Cletus Summer Camp, the right to take photographs of \_\_\_\_\_ in connection with the above-identified events. I authorize St. Cletus, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that St. Cletus Summer Camp, ay use such photographs of \_\_\_\_\_ with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

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

Printed Name: \_\_\_\_\_

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

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

## **MOVIE PERMISSION FORM**

Campers Name: \_\_\_\_\_

We will attend the movies this summer and some movies even being animated and suitable for all ages are rated PG.

\_\_\_\_\_ My child **has** permission to watch PG rated movies.

\_\_\_\_\_ My child **does not** have permission to watch PG rated movies.

\_\_\_\_\_

Parent's Signature

Date

**SUMMER CAMP PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_ to participate in **St. Cletus Summer Camp Field Trips and Activities.**

These activities will take place under the guidance and direction of parish employees and/or volunteers from St. Cletus Summer Camp.

**Type of event: Skating, Laser Tag, Movies Bowling, Big Red Barn (This also includes several on campus field trips as well.**

**Individuals in charge: Directors and Counselors**

As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named child.

I agree on behalf of myself, my child names herein, or our heirs, successors, and assigns, to hold harmless and defend **St. Cletus,** its officers, directors, employees and agents, and the **Archdiocese of New Orleans,** its employees and agents and chaperons, or representatives associated with the event 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 the parish/diocese.

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

**Medical Matters:** 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. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

**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. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Family Dr.: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Signature: \_\_\_\_\_

# **SWIM TEST PERMISSION FORM FOR SUMMER CAMP**

Every child takes mandatory swim test before they are allowed to go in the deep end of the pool. The children who do not prove themselves will be limited to the shallow end of the pool. Awareness of the child's swimming ability is a serious issue. If you feel your child/children does not have the experience or ability to swim in the deep end of the pool, please let us know.

## **Check the appropriate boxes:**

Knowing my child's swimming ability, I feel my child should not swim in the deep end of the pool.

I am requesting that my child wear arm floats or a life vest while in the pool.

(arm floats or life vest must be provided by the parent.)

My child \_\_\_\_\_ has my permission to participate in the summer swim camp program.

Child \_\_\_\_\_

Age \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_