

PRINT THIS FORM – AND MAIL IN WITH CAMPS SELECTED

Campers Name: _____

Campers Address: _____

City: _____ State: _____ Zip Code: _____

Grade Fall of 2023: _____ Date of Birth: ____/____/____

Parent or Guardian:

Name: _____

Phone: _____

Email: _____

Emergency Contact:

Name: _____

Phone: _____

Email: _____

Current medications: please list all medications this camper is currently using: _____

List all conditions, allergies, and physical impairments to which the Camp Leader should be alerted:

Please be sure all medication, epi-pens, inhalers are clearly marked with the campers' name.

Summer Camp Waiver of Liability and Release

I hereby give my permission for my child to participate in the Classical Academy Summer Camp Program. Participation in any program which involves physical activity exposes the camper to certain risks and dangers. Accidents and injuries are always a possibility, and it is impossible to foresee and protect the camper from all conceivable dangers. I hereby affirm that my child has/have no conditions that would make it unsafe for him/her to participate in the camps program(s) selected. I understand that Classical Academy may exclude my child from Summer Camp in the event that I or my child fail to abide by Classical Academy's health and safety protocols, disrupt, impede or interfere with the operations of the Summer Camp, or threaten the health, safety or welfare of other participants or Summer Camp staff, and that no refund of any fees will be made in such circumstances.

Medical Consent: I understand that Classical Academy will make every effort to contact me in case of an emergency. I give my permission to Classical Academy to administer any medications needed and to provide and arrange for and consent to any necessary medical treatment for my child(ren) while at Classical Academy, including onsite and offsite emergency care. I accept responsibility for the costs of all such medical treatment.

___ I accept ___ I decline medical care for my child.

Photography Release: In consideration of my child participation at Classical Academy, and without any further consideration from Classical Academy, I hereby grant permission to Classical Academy, staff, and affiliates to utilize my child's appearance, performance, or voice in all manner and media throughout the world for the purpose of promotion, reporting or publication. Classical Academy may use my child's, likeness, voice, and biographical material in connection with publication, promotion, exhibition, and distribution of such material. I understand that no royalty, fee, or any other compensation of any kind shall become payable to me by reason of such release and use of any photograph.

___ I accept ___ I decline photography release for my child.

By signing this Waiver and Release of Liability, with full appreciation of the risk involved, on my own behalf and on behalf of my child, I hereby voluntarily release and forever discharge Classical Academy, its trustees, officers, employees, agents, insurers and contractors from any and all legal or financial responsibility for any personal injury, disability, illness, damage, medical expense or death, arising from or related to my child's participation in Summer Camp. I agree, for myself and my child, not to make any type of legal or equitable claim on Classical Academy, or any of its trustees, officers, employees, agents, insurers, or contractors with respect to any injury I or my child may suffer, whether it arises through the negligence, omission, default, or other action of anyone affiliated with Classical Academy, including other campers. I further agree that if any such claim is made, I will indemnify and defend Classical Academy with respect to any such claim, injury, or damage.

Name of Camper/Age: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Parent/Legal Guardian Full Name: _____

Select the camp and session you wish your child to participate in. Camps will fill on a first come first serve bases. Once the camp is filled it will be marked closed on our website. Please print clearly.

Cost is based on per session unless otherwise stated.

PRINT THIS FORM AND MAIL WITH APPLICATION

Camper Name: _____

Camper Grade Fall of 2023: _____

___ **Composition Camp: Grades 4th, 5th, 6th** AM Session

Cost: \$150 **Time: 9am-12pm**

Sessions: ___ July 24-27 ___ July 31-Aug 3

___ **Cursive Writing: Grades 2nd, 3rd** AM Session

Cost: \$150 **Time: 9am-12pm**

Sessions: ___ June 5-8 ___ June 12-15 ___ July 10-13

___ **Literature and Writing Camp, 2nd, 3rd** PM Session

Cost: \$150 **Time: 1pm-4pm**

Sessions: ___ June 5-8 ___ June 12-15 ___ July 10-13

___ **Literacy and Handwriting Camp: Grades: 1st and 2nd**

Cost: \$150 **Time: 9am-12pm**

Sessions: ___ July 10-13 ___ July 17-20 ___ July 24-27 ___ July 31-Aug. 3 ___ Aug. 7-10

___ **Literacy and Reading Camp: Grades: 1st** AM Session

Cost: \$300 **Time: 9am-12pm**

Session1: ___ July 10-13 & July 17-20 Session 2: ___ July 31-Aug. 3 & Aug. 7-10

___ **Literacy Camp, Middle School: Grades: 5th, 6th, 7th**

Cost: \$300 **Time: 9am-12pm**

Session1: ___ July 10-13 & July 31-Aug. 3 Session 2: ___ July 31-Aug. 3 & Aug. 7-10 This is a two-week camp.

___ **Literature and Writing Camp, Grades: 5th, 6th** AM or PM

Cost: \$300 **Time: 9am-12:30pm or 12:30-3:30pm**

AM: Session: ___ June 5-8 and June 12-15 PM Session: ___ June 5-8 and June 12-15 This is a two week camp.

___ **Literature and Writing Camp, Grade:7th** AM or PM

Cost: \$300 **Time: 9am-1pm or 12:30-3:30pm**

AM: Sessions: ___ July 17-20 and July 24-27 or PM Session Sessions: ___ July 17-20 and July 24-17 This is a two-week camp.

___ **Literacy Camp, Grade School: Grades: 4th and 5th** AM Session

Cost: \$150 **Time: 9am-12pm**

Session: ___ Aug. 7-10

___ **Math Camp, Grade School: Grades 4th and 5th** PM Session

Cost: \$150 **Time: 1pm-4pm**

Session: ___ Aug. 7-10

___ **Math Camp, Middle School: Grades 5th, 6th, 7th**

Cost: \$150 **Time: 9am-12pm**

Session ___ June 5-8 ___ June 12-15

___ **Art Camp:**

Cost: \$160

PM Session Time: 1pm-4pm – Grades 4th, 5th, 6th, 7th only

Session: ___ June 5-8

PM Session Time: 1pm-4pm – Grades 1st, 2nd, 3rd only

Session: ___ June 12-15

AM Session Time 9am-12pm – Grades 1st, 2nd, 3rd only

Session ___ Aug 7-10

PM Session Time: 1pm-4pm – Grades 1st, 2nd, 3rd only

Session ___ Aug 7-10

___ **Decathlon Camp: Grades: 3rd/4th, 5th/6th** AM Session

Cost: \$150 **Time: 9am-12pm**

Session: ___ July 10-13 (grades 3 & 4) ___ July 24-27 (Grades 5 & 6) ___ July 31-Aug 3 (Grades 5 & 6)

___ **Sewing and Textiles Camp: Grades: 4th, 5th, 6th, 7th** AM Session

Cost: \$160 **Time: 9am-12pm**

Session ___ June 12-15 ___ July 24-27

___ **Theater Camp: Grades: 2nd, 3rd, 4th, 5th** AM Session

Cost: \$400 **Time 9am-12pm**

Session ___ June 5-8 and June 12-15 This is a two-week camp.

___ Total number of camps

Total Cost: \$ _____

Payable by check/cash or money order. Make check or money order payable to **Cincinnati Classical Academy**

Please enroll in camp by May 15, 2023. No refunds for cancellations made with less than 14 days' notice. Classical Academy reserves the right to cancel any camp with less than 50% capacity.