



Enrollment & Waiver Form
Monday, July 9th – Friday, July 20th
9:00 a.m. -3:30 p.m.
Drop Off-8:45 a.m.
Ages 4-12 yrs.

\$385.00/Child - \$25 Multiple Child Discount
(ALL CHECKS PAYABLE TO ST. NECTARIOS GREEK ORTHODOX CHURCH)
Greek Conversation-Field Trips-Friendship-Games-Arts& Crafts-Music
No need to have prior Greek School Experience!
Register online at [www. stnectariosgoc.org](http://www.stnectariosgoc.org)
Or call 847.358.5170

PLEASE PRINT LEGIBLY:

NAME OF PARTICIPANT: _____

GRADE _____(2018-2019 SCHOOL YEAR) CURRENT AGE _____

ADDRESS _____ CITY _____ ZIP _____

MOTHER CELL _____ FATHER CELL _____

MOTHER EMAIL _____ FATHER EMAIL _____

EMERGENCY CONTACT NAME _____ CELL _____

PARTICIPANT T-SHIRT SIZE (PLEASE CIRCLE)

YOUTH 6-8 M 10-12 L 14-16 XL 18-20 ADULT S

- **COMPLETED FORM WITH \$50 TO HOLD YOUR SPOT DUE JUNE 18**
- **FULL PAYMENT DUE ON FIRST DAY OF CAMP – JULY 9TH**
- **REGISTRATION NOT OFFICIAL UNTIL PAYMENT IN FULL/FORMS COMPLETED**
- **LUNCH & SNACKS WILL NOT BE SERVED – BRING LUNCH & PEANUT/FREE SNACK AND DRINK EACH DAY – WATER WILL BE PROVIDED**
- **PARTICIPATION IN SCHEDULED FIELD TRIPS TO BE PAID SEPARATELY FOR EACH PARTICIPANT**

St. Nectarios Greek School

Ελάτε να μάθουμε Ελληνικά μαζί!



I/We, the parent(s) /legal guardian(s) of the child listed on this enrollment form do give my/our consent and approval for his/her participation in any and all activities of St. Nectarios Greek School Summer Camp of St. Nectarios Greek Orthodox Church. In consideration of my/our child's acceptance in said activities, I/we the undersigned do hereby agree to indemnify and hold harmless St. Nectarios Greek Orthodox church and its directors, employees, officers, coaches & agents, without regard to any negligence on their part, against any claim for damages, compensation or otherwise including all losses and expenses caused to or by my/our child while participating in St. Nectarios Greek School Summer Camp of St. Nectarios Greek Orthodox Church. I/we consent and give authority to obtain medical care and treatment of any and all injuries as a result of participating in the 2018 St. Nectarios Greek School Summer Camp of St. Nectarios Greek Orthodox Church. I/we understand that pick—up is promptly at 3:30 p.m. each day and that school employees may not be available past this time to monitor your child.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Yes, I would like to volunteer on these dates & times _____

No, I am not able to volunteer to help with camp this year

2018 St. Nectarios Greek School Summer Camp

Ages: 4-12

Dates: Monday- Friday

9:00 a.m. -3:30 p.m.

July 9-20

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St. Nectarios Greek School Summer Camp 2018

Waiver Form

Participant's Name _____

MEDICAL

If my child needs medical treatment while participating, it is my wish that the treatment is started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made, I accept responsibility for all costs related to such treatment. _____ Parent Initials

PLEASE ATTACH SPECIFIC INSTRUCTIONS IF NEEDED FOR THE FOLLOWING:

MEDICATION/EPIPEN/OTHER

ALLERGIES

PHOTO/VIDEO RELEASE - PLEASE CHECK ONE (NO CHECK MARK WILL INDICATE PERMISSION GRANTED)

I hereby grant St. Nectarios Greek School Camp permission to use photo images or video of the above listed participant for the purpose of promoting Greek School in publications and online. I agree that the images and/or vide become the exclusive property of St. Nectarios Greek School and wave the rights thereof.

I do not grant St. Nectarios Greek School Camp permission to publish any photo images or video of my child participating in the program.

I, the parent/legal guardian of the above named participant (child), have read, understood and agree to all terms stated above.

Parent/Guardian Name _____ Date _____
(printed)

Parent/Guardian Signature _____ Date _____