

WINTER BREAK CAMP

BELVOIR CHRISTIAN ACADEMY



OPEN TO ALL BCA & COMMUNITY K-8 STUDENTS

WEEK 1: DECEMBER 19-22 (\$160)

WEEK 2: DECEMBER 27-29 (\$120)

ADD ONS:

AFTER CARE (4PM-6PM)

WEEK 1: \$40

WEEK 2: \$30

HOT LUNCH

WEEK 1: \$20

WEEK 2: \$15

BRING: SNACK & WATER BOTTLE



WINTER BREAK CAMP

BELVOIR CHRISTIAN ACADEMY

Name: _____ Grade _____

Age _____ M/F _____ School _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____

Parent Phone _____ Email _____

Allergies/Medical Concern _____

In case of emergency, contact _____

Phone _____ Alt Phone _____

Please list all adults allowed to pick up your child at dismissal:

Week 1 ___ Camp (\$160) ___ After Care (\$40) ___ Lunch (\$20)

Week 2 ___ Camp (\$120) ___ After Care (\$30) ___ Lunch (\$15)

I, the undersigned parent/guardian, do hereby grant permission for my child named above to attend camp. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during Fall Break Camp presented by Belvoir Christian Academy and Pivotal Consultants, LLC, I hereby authorize the camp staff to obtain or provide medical treatment for my child for such injury or illness during camp, and I hereby hold the camp staff and sponsoring organization(s), as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my child may sustain physical illness or injury while at the camp. If this occurs, I hereby authorize the camp staff and representatives to refer my child to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my child for physical illness or injury that he/she may sustain during camp.

Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and I further release the sponsoring organization and its representatives from any claims for personal illness or injury that my child may sustain during the camp. I further acknowledge and understand that my child will be responsible for his/her failure to abide by rules and regulations of the camp.

I give permission for my child to be photographed/video recorded while attending this camp. Photos may be placed on the school or sponsorship's website or social media.

Parent/Guardian Signature _____ Date _____

Printed Name _____