

REMINDERS FOR CAMPERS:

Snacks will not be provided. Please feel free to bring snacks and a drink WITH A LID! Date: Monday - Thursday, July 22 - 25 Time: 8:00 AM - 12:00 PM Who: Incoming 4th Grade - 8th Grade (Current GT Students ONLY) Where: Middle School Campus Price: \$0

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CAMPER INFORMATION

Name:

Grade (24-25 school year): _____

PARENT'S CONSENT FORM

I do herby approve my child's participation in Edgewood Summer Camps. I certify that my child is in good health and able to participate with no limitations (unless otherwise noted). In the event that a medical emergency occurs and I am not on the premises or cannot be contacted, I give permission to secure medical attention.

District release of liability: In consideration of its use of the Edgewood Independent School District facilities, the undersigned organization agrees that the Edgewood Independent School District, its Board of Trustees, Agents, Employees, and Representatives shall not be liable to the undersigned for damage to any person or property regardless of whose negligence or acts of omission cause such injury or damage. The undersigned agrees to indemnify and hold harmless the Edgewood Independent School District, its Board of Trustees, Agents, Employees, and Representatives from all suits, actions, claims, expenses, including attorney's fees and damages of any character, type of persons or property arising out of or occasioned by the use of the premises by the undersigned, its Agents, Patrons, Visitors, Guests, Representatives, Employees, or other persons allowed on the premises by the undersigned during the time set forth in the facility use agreement. The undersigned hereby waives all defects that may exist on the premises to be used by the undersigned.

Parent Name:
Parent Signature:
Contact Phone:

Address: _____

ROBOTICS

STAFF USE ONLY:

CONTACT INFORMATION:

For questions, contact Monica Price, mprice@edgewood-isd.net

Date Turned In