



Edgewood Elementary Kinder Camp

2024

CAMP INFORMATION:

Snack will be provided.

Drop off time is 8:15 - 8:30 AM in the Elementary Library or building entrance. Pick up time is 11:30 at the Elementary Gym.

Avoid fears and tears of starting school! Learn all about Edgewood Elementary School: reading, art, campus orientation. Meet new friends!!

Camp is optional, not mandatory.

DETAILS:

Date: Wednesday - Thursday, July 24 - 25

Time: 8:30 AM - 11:30 AM

Who: All incoming Kindergarten students

Where: Elementary Campus

CAMPER INFORMATION

First Name: _____

Last Name: _____

Physical Address: _____

PARENT'S CONSENT FORM

I do hereby 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: _____

In case of an emergency, please contact

Name: _____

Relationship: _____

Contact Phone: _____

Name: _____

Relationship: _____

Contact Phone: _____



STAFF USE ONLY:

Date Turned In

CONTACT INFORMATION:

Please mail completed forms to Edgewood Elementary ATTN: Kristy Jones, 804 E. Pine St. Edgewood, TX 75117 or dropoff at the Elementary office OR email to kjones@edgewood-isd.net.