



Edgewood STEAM Summer Camp 2.0

2024

DETAILS:

Date: Monday - Wednesday, June 3-5

Time: 12:30 - 3:00 PM

Who: Incoming 4th Grade - 6th Grade

Where: High School Campus

Price: \$30

CAMPER INFORMATION

Name: _____

Grade (24-25 school year): _____

Check if: attending the Boys Basketball Camp or Softball Camp

REMINDERS FOR CAMPERS:

Each day High School G/T will have a mini concession with snacks and water for \$.50 to \$1.00 each.

If attending Boys Basketball Camp or Softball Camp, please pack a sack lunch. We will escort you from camp to STEAM camp and allow time for lunch.

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: _____

CONTACT INFORMATION:

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

Make checks payable to: EISD

Registration form and payment must be received by Friday, May 17th to guarantee enough supplies for all campers.



STAFF USE ONLY:

Payment Type

Date Turned In