

# Come Join Us!

## Mrs. Braswell & Miss Abby's 2022 Summer Kick-Off

Looking for something to do with your children for the first weeks of summer? Join Mrs. Braswell and Miss Abby for an adventure filled week! This year lunch is included for all campers. Please pack a daily snack and water bottle.

**May 31st –June 3rd 8:30 am. - 3:00 pm. (NO AFTERCARE)**

**June 6th—June 10th 8:30 am. - 3:00 pm. (NO AFTERCARE)**

**\*\*\*IF YOU ARRIVE AT PICK UP AFTER 3:15p.m. YOU WILL BE CHARGED**

**\$5/MINUTE FOR EACH CAMPER.**

Prices:

\$200 per camper May 31st—June 3rd

\$250 per camper June 6th—June 10th

\$55 per day

### Activities

- Games
- Sports
- Crafts
- Movie & Popcorn
- Obstacle Course
- Much More

For more information concerning camp and to sign up your child, email Mrs. Braswell [mbraswell@sjsonline.org](mailto:mbraswell@sjsonline.org) or 561-441-0554. Please make checks payable to Melissa Braswell or Zelle (use 561-441-0554), Venmo- see QR code at bottom.

Space is limited; first come first served.



Saint Joseph's Episcopal School



Mrs. Braswell and Ms. Abby's Summer Camp

Contact: [mbraswell@sjsonline.org](mailto:mbraswell@sjsonline.org)

Phone number for Mrs. Braswell: 561-441-0554

# SUMMER CAMP 2022 APPLICATION

## CAMPER'S INFORMATION

Name:	Date of Birth:	Age:
Current Address:		
City:	State:	Zip Code:
Medications:	School Attending:	

## MOTHER'S INFORMATION

Name:	Employer Name:	
Address:	Work Phone:	
City:	State:	Zip Code:
Home Phone:	Cell Phone:	E-Mail:

## FATHER'S INFORMATION

Name:	Employer Name:	
Address:	Work Phone:	
City:	State:	Zip Code:
Home Phone:	Cell Phone:	E-Mail:

## EMERGENCY CONTACT

Name:	Relationship:	
Address:	Phone:	
City:	State:	Zip Code:

## PEDIATRICIAN INFORMATION

Name:	Phone:	
Address:	Fax:	
City:	State:	Zip Code:

## MEDICAL INSURANCE INFORMATION

Member Name:	Member ID:	Group Number:
Group Name:	Employee Name:	Relationship:
Insurance Company:	Customer Service Number:	

# SUMMER CAMP 2022 APPLICATION

## ALLERGIES OR SPECIAL MEDICAL CONCERNS

## DISMISSAL RESPONSIBILITIES

Name:

Relationship:

Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Work Phone:

## DISMISSAL REONSIBILITIES CONTINUED

Name:

Relationship:

Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Work Phone:

Relationship:

Address:

State:

Zip Code:

Cell Phone:

Work Phone:

## CAMP REFUND POLICY

**There are NO refunds for any reason, including but not limited to: summer school, sickness, separation anxiety, vacation, injury, or non-compliance with camp rules. Only for an extended absence (a full camp week) due to illness or family emergencies will a CREDIT applicable to future camp sessions be granted. Individual days missed during any week cannot be made up during later weeks. THERE WILL BE NO CASH REFUNDS. In the event the National Hurricane Center broadcasts a hurricane warning for South Florida, Saint Joseph's Episcopal School Summer Camp will cancel its program for the duration of the inclement weather. A 50% refund will be issued if Summer Camp is closed for more than three days.**

 My initials to the left indicate I have read and agree to abide by the camp refund policy.



## WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

### ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of **Saint Joseph's Episcopal School, Inc./Mrs. Braswell & Miss. Abby Camp** (Releasees) and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to, and illness from, infectious diseases including but not limited to MRSA, influenza, and COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **Saint Joseph's Episcopal School, Inc./Mrs. Braswell & Miss. Abby Camp** their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Participant: \_\_\_\_\_

Participant Signature : \_\_\_\_\_

Date Signed: \_\_\_\_\_

### FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE to the fullest extent provided by law.

Name of Parent/Guardian: \_\_\_\_\_

Parent Guardian/Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

# SUMMER CAMP LUNCHES

MAY 31ST-JUNE 3RD  
JUNE 6<sup>TH</sup> – JUNE 10<sup>TH</sup>

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## MENU

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**Child's Name:**

- **Monday**  
Spaghetti and meatballs & fresh fruit (buttered noodles upon request).  
**NOT AVAILABLE FOR CAMP MAY 31<sup>st</sup> ONLY!**
- **Tuesday**  
Hotdog, chips, & fresh fruit
- **Wednesday**  
Chicken nuggets, chips, & fresh fruit
- **Thursday**  
Turkey/cheese sub, chips, & fresh fruit
- **Friday**  
Pizza

**You can substitute a meal if needed for peanut butter & jelly. Gluten free & vegan meals available upon request.**