

LOYOLA ACADEMY

1100 Laramie - Wilmette, IL 60091 | 847.920.2655

DAY CAMP 2010 FOR BOYS AND GIRLS

FACILITIES:

Full Size Indoor Pool *	440 Yd. Running Track
Air Conditioned Arts and Crafts Room	Football Fields
Expansive Indoor Gymnasium	Softball Fields
Indoor Shower and Locker Rooms	Soccer Fields
Cafeteria Serving Hot Lunches	Outdoor Basketball Courts
Professional Nursing Facilities	Tennis Courts

Loyola Academy offers one of the most extensive Summer Camp Programs on the North Shore. With the outstanding facilities, both indoor and outdoor, the program is *never* limited or curtailed because of inclement weather. Hot lunches are available in the cafeteria and sack lunches are refrigerated until lunch time. Swimming instruction and group swimming are provided for both boys and girls every day. A registered nurse is in attendance at all times. Outstanding programs, staff and facilities make Loyola Academy the ideal place for boys and girls to spend a rewarding and educational summer.

TERM:	Six Weeks
DATES:	June 21 to July 30*
AGES:	5 through 11 years of age
TIME:	10AM – 3PM
DAYS:	Monday through Friday

FEES:	\$1165 for 6 weeks
	\$1105 for 5 weeks
	\$1005 for 4 weeks
	\$905 for 3 weeks
	\$805 for 2 weeks

ACTIVITIES:
Swimming (Two times each day – one instructional and one free swim)
Softball
Track
Arts & Crafts
Archery
Tennis
Games with a ball
Basketball
Football
Soccer

Loyola Day Camp is a five day per week program. Campers will have to attend a minimum of two weeks. If a camper attends for less than five days per week, he/she will be charged for the entire week.

** There will be no camp on Monday, July 5th.*



Camp Bag	Awards and Prizes
Camp Bag	Group Pictures **
Camp T-Shirt	Special Activity Days
Hot Dog Days	Juice with Lunch
Movie and Videos	

*** Group pictures will be taken during the first weeks of camp, on Wednesday, June 23rd.*

TRANSPORTATION PROVIDED WITHIN A LIMITED AREA OF LOYOLA ACADEMY. A \$50 Discount will be given to each camper who is not within our bus area.

2010 LOYOLA ACADEMY DAY CAMP REGISTRATION

(Please fully complete and print this application)

MAIL TO: Carl Favaro, Day Camp Director, Loyola Academy
1100 Laramie, Wilmette, IL 60091 Telephone: (847) 920-2655

LAST NAME: _____ FIRST NAME: _____ BOY GIRL

DATE OF BIRTH: _____ SCHOOL: _____

GRADE: (2010-2011 SCHOOL YEAR) _____ AGE AS OF 09/01/10 _____

PARENT/GUARDIAN: _____ MARITAL STATUS: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____ CELL PHONE: _____

IF PARENTS CANNOT BE REACHED CALL _____ AT _____

DOCTOR'S NAME: _____ PHONE: _____

Are there any medications that would need to be administered at camp? Yes No If yes, please state the medication, identify the doctor prescribing the medication, and state the reason for the medication:

Does the camper have any behavioral or learning disabilities? Yes No If yes, please explain:

Does the camper have any special medical or physical limitations or disabilities? Yes No If yes, please explain:

It is understood that Loyola reserves the right to reject a minor Camper or limit a minor Camper's participation in Camp activities or programs based upon any medical, physical, behavioral, or other disability on the minor Camper as set forth in the responses above. It is also understood the Loyola Academy, in its sole discretion, has the right to reject or terminate a minor Camper or limit a minor Camper's participation in Camp activities or programs based upon any medical, physical, behavioral, or other disability on the minor Camper which comes to Loyola Academy's attention at any time.

It is understood that should the minor Camper named above require emergency medical and/or surgical treatment because of an injury arising out of or in connection with his/her attendance at Loyola Academy Summer Camp, I authorize Loyola academy to arrange for such emergency treatment and further authorize any doctor, hospital or clinic selected by the Academy to render such treatment as required. It is also understood that the camper named above has been checked by a physician and is in good health and is able to participate fully in all Camp activities unless specifically identified above.

Today's Date: _____ Parent/Guardian Signature: _____

I am enclosing my \$200.00 deposit (not refundable) per child and understand
THE BALANCE IS TO BE PAID BY June 1, 2010.

Camp Date Selection

If desired, you may choose weeks of attendance that are most convenient to your schedule. Two weeks is the minimum sign up required.

<input type="checkbox"/> Week #1 (June 21 – June 25)	FEES:	\$1165 for 6 weeks
<input type="checkbox"/> Week #2 (June 28 – July 2)		\$1105 for 5 weeks
<input type="checkbox"/> Week #3 (July 6 – July 9)		\$1005 for 4 weeks
<input type="checkbox"/> Week #4 (July 12 – July 16)		\$905 for 3 weeks
<input type="checkbox"/> Week #5 (July 19 – July 23)		\$805 for 2 weeks
<input type="checkbox"/> Week #6 (July 26 – July 30)		

Our street runs: E & W N & S; is a thru street dead end cul de sac. Our house is between these streets:

_____ & _____ or is at the corner of

Other information:

Other children you would like your child to be with and information you feel pertinent to your child:

Payment Information

Check (Your cancelled check is proof of registration.)

Total Amount enclosed: _____

Credit Card

DiscoverCard

MasterCard

Visa

AMEX

Amount of Payment: _____

Cardholder Name: _____

Card Number: _____ Expiration Date: _____

Authorized Signature: _____

Please send waiver on next page with registration.

LOYOLA ACADEMY

Summer Sports Camp/Day Camp Permission/Waiver/Consent To Medical Treatment

I, the undersigned parent/guardian of _____ (insert child's name), hereby give my full permission for my child's participation in the Loyola Academy Summer Sports Camp Program/Day Camp. I understand that this is a voluntary, sports-focused program that may involve a more substantial risk of injury due to the physical nature of the activities planned.

I hereby waive, release and warrant that I shall not individually or collectively bring any claim, by lawsuit or otherwise, against Loyola Academy, its officers, employees, agents and volunteers directly or on behalf of my child or for any other person for any injury, death or loss arising out of the student's participation in the Program.

I further agree to indemnify and hold harmless Loyola Academy and its officers, employees, agents and volunteers (the "Indemnitees") from any claim, loss, or expense whatsoever, including without limitation reasonable attorneys' fees, brought against or suffered by any of the Indemnitees due to any injury or loss suffered by my child, myself or my family in connection with the Program, as a result of my child's acts or omissions in connection with the Program, or arising out of a claim directly or indirectly related to the Program brought by any other person and arising out of my child's acts or omissions.

In the event of an emergency, I authorize the Loyola Academy Sports Camp/Day Camp staff to secure from any accredited hospital and/or physician any treatment deemed necessary for the immediate care of my child, and I agree to be responsible for the cost of any and all medical services rendered. By signing below, I further acknowledge and confirm that my child is covered by an accident and health insurance policy that will cover him/her while participating in the Summer Sports Camp Program/Day Camp, and that I agree to maintain such coverage for the duration of the Program.

I further verify that my child has been examined by a physician within the past year and that he/she is in good health and able to fully participate in camp activities.

I have read fully and understand this Permission/Waiver/Consent form and execute it of my own individual free will and without reservation whatsoever.

Parent/Guardian Printed Name Parent/Guardian Signature Date