St. Charles Floor Hockey Camp 2025

(*OPEN TO BOYS AND GIRLS***)**

Teams will be chosen from sign-ups on Monday, June 9th at 12:00 p.m. Regular season games will be held Monday-Wednesday starting at noon. Playoffs will be held on Thursday beginning at noon. Trophies for our Playoff and Regular Season Champions.
If you have any questions, please contact Mr. Kenney: mkenney@stchbs.org or (612-787-1118)
Thank you and have a great summer!

When: **Monday, June 9 – Thursday, June 12, 2025**

Who: **Boys & Girls currently** in **4th – 8th** grades

Time: **12:00-2:30 p.m.**

Where: St. Charles Gymnasium --2727 Stinson Blvd. N.E. St. Anthony, MN

What to bring: Water bottle, athletic shoes, shorts, t-shirt.

***Cost:** **$65.00** per participant *(Please do NOT send payment…this will be billed through TADS)*

Please fill out the application below and return it to St. Charles by Friday, May 30th.

(Please keep the top portion for your records. Thank you.)

FAMILY INFORMATION

Student/Participant _____ Current Grade _____

Parent/Guardian Name _____

Address _____

Best Phone # to Reach You During Camp: _____ e-mail _____

I, _____ grant permission for my child, _____,
Printed Parent or guardian's name Printed Child's name

to participate in this school activity. This activity will take place under the guidance and direction of school employees and/or volunteers from St. Charles Borromeo School.
I understand and agree that as parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("student/participant"). Further, I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Charles Borromeo School its officers, directors, employees and agents, and the Archdiocese of Saint Paul and Minneapolis, its employees and agents, chaperones, or representatives associated with the event and activities (hereinafter "Releasees"), from any claim, including but not limited to all claims relating to communicable disease, arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Releasees for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Releasees.

Signature: _____ **Date:** _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____ **Phone:** _____

Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence.

Medications: My child is taking medication at present. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

_____

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations - Date of last tetanus/diphtheria immunization: _____

You should be aware of these special medical conditions of my child: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature: _____ **Date:** _____

Please return this form by May 30th!