

Crusader Summer Camps

Program	Date	Time	Grade	Instructor	Location
Vacation Bible School	June 12-15	5:45 - 8:00 p.m.	3 & 4yr., PreK- 5	Co-op Churches	Immanuel School 1626 Illinois Ave. Sheboygan LHS Baseball Field
Boys Baseball	June 12-16	9:30 - Noon	4-8	Tim Muth	Room 130
Art	June 12-15	8:00 - 9:30	1-4	Laura Adameak	Room 130
Art	June 12-15	10:00 - 11:30	5-8	Laura Adameak	Room 130
Slamma Jamma One	June 26-29	9:00 - 11:30	K-3	Jeff Jurss	LHS Gym
Adv. Slamma Jamma Too!	June 26-29	12:00 - 2:30	3-5	Jeff Jurss	LHS Gym
Boys Basketball	July 10-13	9:00 - 11:30	4-6	Todd Dekker	LHS Gym
Boys Basketball	July 10-13	1:00 - 3:30	7-9	Todd Dekker	LHS Gym
Girls Basketball	July 17-20	9:00 - 11:30	4-6	Todd Dekker	LHS Gym
Girls Basketball	July 17-20	1:00 - 3:30	7-9	Todd Dekker	LHS Gym
Bump It Up VB	July 24-27	9:30 - 11:00	4-6	Jana Rosenstein	LHS Gym
Bump It Up VB	July 24-27	10:00 - 11:30	7-9	Jana Rosenstein	LHS Gym
Dance	July 31-Aug 3	9:00 - 11:00	5-8	Emily Glewen	LHS Gym

Course cancellation and refund policy

Sheboygan Lutheran High School may find it necessary to cancel a specific summer program. When cancellation becomes necessary, those enrolled will be notified and a full refund of payments will be made.

REFUND POLICY:

- If a registered student withdraws from a summer program, any refund due will be based on the date Lutheran High School receives notice of withdrawal:
 - Two weeks or more before the start of a program: Full refund.
 - Less than two weeks before the start of a program: 50% refund.
 - Day program starts or later: No refund.
- Exceptions to the policy will normally be made only for documented injury or illness that prevents the individual from participating.
- Following the start of a program, any refund for injury or illness will be prorated based on the days actually attended minus a \$10 administrative fee.

REGISTRATION DEADLINE:

Please register **NO LATER THAN TWO WEEKS** prior to the start of the camp. Late registration is available up until the day before the camp begins. Late registrants must pay an additional \$10 fee. Call the school office (452-3323) to confirm that space is still available in the camp of your choice.

**REMINDER: NO CONFIRMATIONS WILL BE SENT.
STUDENTS ARE IN THE CLASS UNLESS NOTIFIED!**

2017 Crusader Summer Camps registration form

Student _____

Parent's Name _____

Address _____

City _____ State ____ Zip _____

Phone _____ Emergency Phone _____

School You Attend _____ Grade 2017 -18 School Year _____

Email Address: _____

Indicate below the program each student will be attending.

Program	Cost

Total Cost \$ _____ Check # _____

Slamma Jamma ONLY Jersey (Circle one): Youth Sizes S M L

* Slamma Jamma Camps includes a practice jersey. Please note the size. >>

Crusader Summer Camps Release and Affirmation:

We hereby affirm that we are aware of the inherent risks and hazards of the program ____ (initial). By signing this release, we certify that we are cognizant of those, understand and agree that neither the Lutheran High School Association nor any of its' employees and agents may be held liable in any way for any occurrence, including rescue operations, in connection with the camp which may result in injury, death, or other damages to me or my family, heirs, or assigns. In consideration of being allowed to participate in this camp, we hereby personally assume all risks in connection with said camp and activities related thereto for any harm, injury, or damage which may befall me and further to save and hold harmless the program, Lutheran High Association, and all persons associated therewith from any claim by us, or our families, estates, heirs, or assigns arising out of enrollment and participation in this camp.

This is signed by the camp participant's parent or his/her legal guardian with their consent. We understand that the terms herein are contractual and not a mere recital, and that this has been signed freely and voluntarily. It is the intent of the signers hereto to exempt and release the Lutheran High School Association and all its' agents of any derivative damage caused by anyone's act, error, omission or negligence.

We have fully informed ourselves of the contents of this Release and Affirmation by reading and understanding it before we signed it.

Father or Mother _____ or Legal Guardian _____

Please complete in full and mail to:

Sheboygan Lutheran High School Attn.: Crusader Camps Coordinator
3323 University Dr., Sheboygan, WI 53081