
I give my son permission to participate in the Writing
Workshop Camp and will not hold DeSales High School or
any of its staff responsible for any accident or injury to my
child.

Signature (Legal Guardian)

Each participant is required to carry his own insurance.

Company name and policy number

I hereby consent to allow my son to receive any medical
treatment for an injury suffered on DeSales High School
property.

Signature (Legal Guardian)

Date

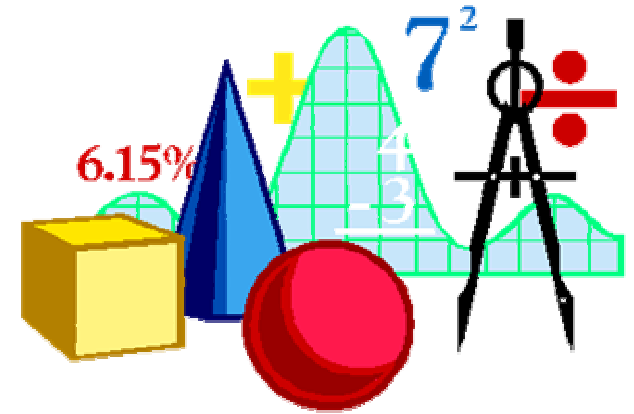
In case of emergency contact:

Name (please print)

Phone Number



DeSales High School



**2010
SUMMER
MATH
CAMP**

Non-Profit Org.
U.S. POSTAGE
PAID
Louisville, KY
Permit No. 823

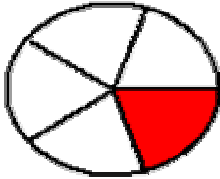
Math Camp

June 28– July 1, 2010
9:00 am– 12:00 pm

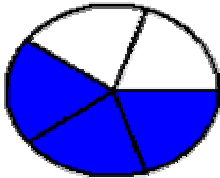
Capacity: 30 students
Grade Level: 7th, 8th, and 9th graders-to-be
Cost: \$95

This one-week program is designed to enhance and reinforce the basic math skills necessary to succeed in middle and high school

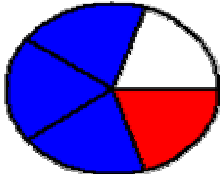
Addend



Addend



Sum



$$\frac{1}{5} + \frac{3}{5} = \frac{4}{5}$$

Focus areas:

- Order of operations
- Working with fractions
- Working with decimals
- Solving word problems

Registration Form

Name _____

Grade level for 2009-2010 School year _____

School in which you are currently enrolled:

Address _____

City _____

State _____ Zip _____

Phone #1 _____

Phone #2 _____

Phone #3 _____

**Please make check payable to:
"DeSales Math Camp"**

**Please send registration form,
permission & medical consent form,
and check to:**

**DeSales High School
Summer Math Camp
425 Kenwood Drive
Louisville, KY 40214**

Contact: Terry.Barney@desaleshs.com