

I give my son permission to participate in the Science 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.

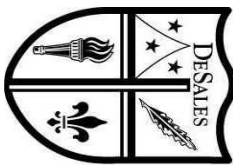
Signature (Legal Guardian)

Date

In case of emergency contact:

Name (please print)

Phone Number



ST. FRANCIS
DESALLES
HIGH SCHOOL
FAITH • BROTHERHOOD • TRADITION

DeSales High School



2009
SUMMER
SCIENCE
CAMP

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



Science Camp

June 29th - July 2nd

8:30 am – 12:30 pm

Capacity: 15 students

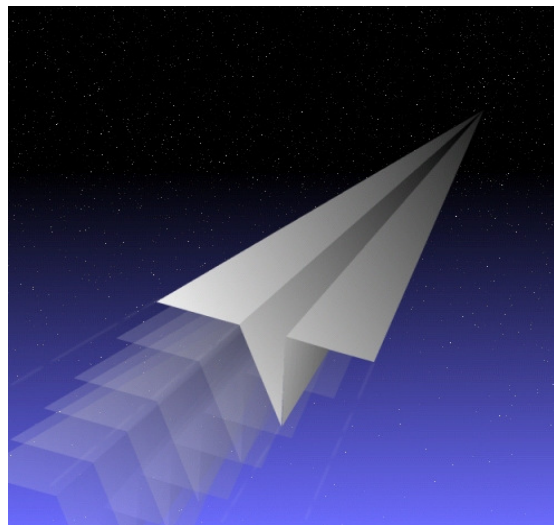
Grade Level: Grades 7,8,& 9

Cost: \$125

This one week program is designed to enhance student's understanding of the physical universe; what it's made of, and how it works!

Science camp will focus on:

- **Flight**
- **Electricity**
- **Astronomy**



Registration Form

Name _____

Grade level in Fall of 2009 _____

School currently enrolled in _____

Address _____

City _____

State _____ Zip _____

Phone #1 _____

Phone #2 _____

Phone #3 _____

Make check payable to:

DeSales High School Science Camp

Send registration form, permission,

medical consent, and check to:

DeSales High School

Science Camp

425 Kenwood Drive

Louisville, KY 40214