

2025 Summer Camp Grades 3-8 | Medical and Registration Form

Camper's Name: _____ Camper's Last Name: _____

Incoming Grade: _____ School attending in 2025 : _____

Home Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name(s): _____

Parent Email (s): _____

Parent/Guardian work number: _____ Cell: _____

Emergency Contact Name: _____ Phone: _____

Realizing that participating in activities involves the potential for injury which is inherent in all activities. I/we acknowledge that an injury is a possibility even when the necessary precautions are taken. I hold Villa Walsh Academy and its employees harmless from all causes, liabilities, damages, and claims due to an injury or accident involving my daughter while attending the Villa Walsh Academy Summer Camp on or off campus. If a camper receives medical attention for an injury while attending camp, she must have a medical note in order to return to participate.

PHOTO RELEASE: I/We give permission for photo(s) | video(s) of my daughter to be published on the school social media and website. If I do not agree, I will contact the Camp Director by email at summercamp@villawalsh.org.

Parent/Guardian Signature: _____ DATE: _____

**Please check the session(s) your daughter would like to participate in:*

• Week #1 (June 23 - June 27):

Morning Session (9AM - 12PM): Basketball Art Track/Cross Country Tennis Soccer Dance

Afternoon Session (1PM - 4PM): Volleyball Art Drama Adventure Camp

• Week #2 (July 7 - July 11):

Morning Session (9AM - 12PM): Volleyball Art Softball Tennis Lacrosse Dance STEM Grades 3-6

Afternoon Session (1PM - 4PM): Basketball Art Drama STEM Grades 7-8

Early bird special until May 1st! Sign up for the week (\$425/week) or by the session (\$250/session).

Prices after May 1st - Sign up for the week (\$450/week) or by session \$275/session

CAMP FEES ARE NON-REFUNDABLE - WE DO NOT PRORATE

The following must be filled out completely and must be signed by a physician. No camper will be permitted to participate without this completed form on file. Form due by June 1, 2025.

Allergies: _____

*If your daughter requires the use of an inhaler or an Epi-pen, please send one with her each day or send one to be kept in the office during the week of camp.

Daily Medication: _____

Immunization records should be uploaded to your child's online registration. Due by June 1, 2025.

Activity restrictions: _____

Health conditions we should be aware of during camp (explain): _____

Physical examination completed on: _____

"I certify that the above named camper is in good health and is free to participate in all camp activities unless otherwise noted above."

Signature of Physician: _____ Date: _____

Physician's Stamp



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