

McNicholas High School
Presents
Laffalot Summer Camp!



Laffalot Summer Camp presents a unique opportunity for kids 6-12 years old to spend a high-energy, fun-filled day playing sports, games, and a variety of activities including:

- Pillo Pollo
- Scavenger Hunts
- Dodge Ball
- Flag Tag
- Volleyball
- Crazy Ball
- Floor Hockey
- Soccer
- Kickball

Campers are broken into small groups led by carefully selected, well-trained camp counselors who play a "big sister or big brother" leadership role, providing personal attention and direction to the campers. The directors, drawing on their extensive education and experience teaching and coaching kids, focus on basic instruction, participation, fair play and having fun. The camp activities are designed to:

- Develop teamwork
- Encourage friendly competition
- Promote good sportsmanship
- Build whole-body coordination
- Improve interpersonal skills

This is a chance you and your child don't want to miss! With over 25 years of experience and thousands of satisfied campers, the Laffalot Summer Camp will provide a fantastic, enjoyable experience your child will never forget!

Laffalot Summer Camp

Campers: 6-12 years old

Location: McNicholas High School

Dates: June 19 - June 23

Time: Camp runs 9:00a.m. – 2:00p.m.

Cost per camper: \$117/camper

Boys and girls camps will run concurrently, but separately if enrollment allows.

For more information –

Web: www.laffalotcamps.com

E-mail: Pnymberg@laffalotcamps.com

Phone: (513) 313-2076.

Register online at www.laffalotcamps.com, or complete this registration:

McNicholas High School

June 19 - June 23, 2017

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____

(Cell) _____

E-mail Address: _____

Camper's Name: _____

Present Grade: _____ School: _____

Gender: _____

Were you a Laffalot Camper last year? _____

If so, where? _____

T-shirt Size: (YS) ____ (YM) ____ (YL) ____ (AS) ____ (AM) ____ (AL) ____

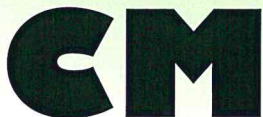
IMPORTANT — PLEASE SIGN RELEASE FORMS ON BACK!

Remember:

- 1) Registration deadline is five days prior to the first day of camp.
- 2) Make checks payable to Laffalot Summer Camp, LLC.
- 3) Send check with registration and release forms to: Laffalot Summer Camp, c/o Pat Nymberg, 3247 Brinton Trail, Cincinnati, Ohio 45241.
- 4) Please be sure to sign the release form on the back!

A LETTER OF CONFIRMATION WILL BE E-MAILED TO YOU UPON COMPLETION OF YOUR REGISTRATION.

Sponsor



Personnel Services, Inc.
Staffing / Contract Services
Professional Recruiting and Search

A Word From Our Happy Campers

"My daughter looks forward to camp every year. What I value most is that the girls are treated with respect and have a good time." **Janine Boeing, Western Hills**

"My son absolutely loves your camp. The camp was extremely organized and the counselors were fabulous with the campers!" **Belinda Ridener, Blue Ash**



Release and Hold Harmless Agreement

I hereby acknowledge my intent to enroll my child/ward in sports, games and other activities of the Laffalot Summer Camp, LCC ["Program"]. In consideration of the Program permitting my child/ward to participate in the Program, I hereby agree that I will defend, indemnify and hold harmless the Program, Facility housing the Program, and their respective owners, instructors, agents, employees and representatives [collectively "Releasees"] from any and all claims, causes of action, liabilities, damages, expenses, fees and costs (including reasonable attorneys' fees and costs) of any type whatsoever which may be presented or initiated to recover any monies or damages for any injuries (including death) or loss to any persons, or any damage to property sustained while my child/ward is engaged in activities that are held or sponsored by the Program that arise directly or indirectly from any conduct or activity by my child/ward while participating in the Program.

In addition, I hereby understand and agree that this Release and Hold Harmless Agreement extends to and applies to any injuries (including death), damages or losses which my child/ward may experience or sustain while engaged in any Program-related activities of any type whatsoever, and on behalf of my child/ward and myself and our heirs, assigns, executors, administrators, representatives and agents, I hereby release the Releasees from any and all claims, causes of action, damages, liabilities, expenses, fees and costs (including reasonable attorneys' fees and costs) of any type whatsoever for any and all losses, damages, obligations, injuries, indemnity, expense and compensation of every kind or nature, whether anticipated or unanticipated, resulting from, arising out of, connected directly or indirectly with or relating in any way to any negligence or alleged negligence of the Releasees; however, Releasees shall not be released from any willful or intentional misconduct.

The undersigned also understands that photographs and/or videos of the undersigned or family members participating in a Laffalot Summer Camp program may be taken for use in promoting Laffalot Summer Camp in future publications and promotions.

Parent/Guardian Signature:

Date: _____

Medical Information and Medical Release Form

Child's Name:

Physician:

Phone: _____

Dentist: _____

Phone: _____

Medical Insurance Co.:

Policy Number: _____

Please list Medical conditions you feel we should be aware of:

By executing this Medical Information and Medical Release Form, I also affirm that the medical/health history which I have provided for my child/ward is true and accurate, and that my child/ward set forth above has my permission to engage in all Program activities unless specifically noted by me in writing to the contrary on this enrollment form. If medically necessary, I hereby give permission to a physician selected by the Laffalot Summer Camp, LLC ["Laffalot"] staff to order necessary x-rays, tests and treatment for the health and benefit of my child/ward. In the event of a medical emergency, I understand that the Laffalot staff will be contacting emergency medical staff personnel for the treatment of my child/ward and possible transport to a local hospital. In the event I cannot be reached, I hereby give permission to the physician selected by the Laffalot staff to hospitalize, secure proper treatment for and to order any necessary injections and/or surgery for my child set forth above.

My child/ward may participate in all Program activities except

Parent/Guardian Signature:

Date: _____



Laffalot Summer Camp

McNicholas High School

McNicholas High School be offering a 2017 Laffalot Summer Camp the week of June 19 - June 23



Mark your calendar for a week of fun!
Develop coordination and good sportsmanship, too!

Boys Only and Girls Only camps will run concurrently, but separately if enrollment allows

Like us on Facebook



Copyright, 2017, Laffalot Summer Camps, LLC, All Rights Reserved

Visit www.laffalotcamps.com for more information and online registration