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Cody Smith
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Summer Technology Camp

May 31st - June 16th

July 11th - 28th

Camp Overview

Your child has the opportunity to join us this summer for 3 weeks of a technology camp held at Immaculate Conception School! Students will use different computer programs, build cars, houses, and boats, as well as various little science experiments. Whether you want your child to



learn, be with friends, or just have a good time, all are welcome to join! The camp will last three weeks, Monday - Thursday (except the first week of the first session Memorial Day - May 30th) per section and has a cost of **\$75 per student**. If paying with a check, make out to Cody Smith.

Time and Dates

There are two sessions available for you to join, May 31st through June 16th, as well as July 11th through the 28th. The day will be broken into two groups of students;

Students that have completed grades 1, 2, and 3 will be from **9 AM until 10 AM**.

Students that have completed grades 4, 5, and 6 will be from **10:15 AM until 11:15 AM**.

If Interested

Please return signed form and deposit to the school office or to Mr. Smith by the end of the school year. If you have any questions or concerns, feel free to contact me at (605) 520-6557.

Details

Students will be dropped off by the front door at least 5 minutes before scheduled time, and can be picked up at the same front door.

For the first group of students (grades 1-3 at 9AM to 10AM) please be prompt when picking up your child, so I can get ready for the second group.

KOT students will be able to join still, and will walk back to KOT when they are done for the day.

We will not be having any snacks just in case someone has allergies.

There is a limited amount of space, the sooner you sign up, the better!

The \$75 deposit is only for 1 of the 2 sessions, not both. The money will be for purchasing materials for the camp, and is not an IC School ran camp, this is created and led by Mr. Smith.

The first and the second sessions will be doing the same things, so there is no need to send your child for both, as they won't be missing anything.

I am an advocate for allowing students to fail at tasks, so they can learn what it is like to finally succeed at something. I will allow them to struggle (to a point). If I made everything easy for students, and simply told them to do what I do, they would enjoy not only this camp, but life less, because they did not do anything themselves. It is for the love of the students and watching their growth as human beings.

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Student Name

Grade

Date (circle one)

May 31st - June 16th

Parent/Guardian Name

Relation to Student

July 11th - 28th

Phone Number

Email

Address

Does your student have any allergies, chronic illness, or medical conditions? If yes, please describe.

(Signature on back)

Informed Consent and Acknowledgement I hereby give my approval for my child's participation in any and all activities prepared by Cody Smith during the selected camp. In exchange for the acceptance of said child's candidacy by Cody Smith, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Immaculate Conception and all its respective teachers, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions. In case of injury to said child, I hereby waive all claims against Cody Smith and Immaculate Conception to conduct the event.

Medical Release and Authorization As Parent and/or Guardian of the named student, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me. Permission is also granted to the Immaculate Conception and its affiliates including to provide the needed emergency treatment prior to the child's admission to the medical facility. Release authorized on the dates and/or duration of the registered season. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Parent/Guardian Signature

Date

____/____/_____