



Beaumont Bear Summer Camp! With *Mrs. McConaghy* and *Miss Senior*

Sponsored by the Beaumont H.S.A.

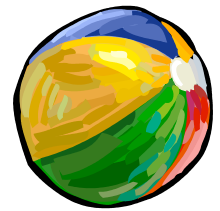
When: Tuesday, July 1st – Thursday, July 3rd (3 days only!!!)

Time: 1:00 – 4:00 pm

Ages: Any BES child in Kindergarten – 4th Grade**

**Includes students completing kindergarten this year & entering 1st Grade in Fall '14 through students entering 5th Grade in Fall '14

Space is limited, so don't miss out!



What's better than...

- Summer fun with Mrs. McConaghy and Miss Senior?
- A chance to play your favorite PE games?
- Cooling off with water activities?
- Playing games in a non-competitive environment?
- Hanging out with your friends while having fun?

Questions may be directed to Miss Senior at seniork@tesd.net

How Do I Sign Up For the Fun?

Return:

- Registration Form
- Payment in Full (please make checks payable to BES HSA) in an envelope marked Beaumont Bear Camp
 - Return to BES Main Office or your teacher



Children who enroll should bring a snack, hat, sunscreen, water bottle, bathing suit and towel. We will provide water breaks and a small snack each day.



Beaumont Bear Camp Registration Form and Permission Slip

(A confirmation/receipt will be sent to you via email)

Student Name(s) (Please Print):

1. _____ Grade (13/14 school year) _____
2. _____ Grade (13/14 school year) _____
3. _____ Grade (13/14 school year) _____
4. _____ Grade (13/14 school year) _____

Cost: Please make checks payable to “**BES HSA**”.

- Each child/Full Session = \$100
- Each Child/per day = \$33

If you cannot attend the entire session, you can just come for one, or two days. Please **CHECK** the days you wish to attend.

Full Session (Tuesday 7/1-Thursday 7/3) _____

Or

Tuesday 7/1 _____ Wednesday 7/2 _____ Thursday 7/3 _____

Total Full Sessions Cost = \$ _____ (cost per student for full week session)	Total Days _____ @ \$33 per Day = \$ _____ (cost per student if not attending the full week session)
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Total Amount Enclosed: \$ _____ **Checks payable to “BES HSA”**

***Waiver :** I wish to have my child participate in Beaumont Bear Camp. I recognize that risk of accident and/or injury are possible consequences of participation in any activity. I also understand that severe injuries are possible. I appreciate the character of the risks involved and I voluntarily assume all risk of injury. In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of employees of Tredyffrin-Easttown School District, and Beaumont HSA of any and all of the foregoing, pertaining or related to, or arising from, in any manner, injuries to my child as a result of participation in this activity.*

Parent/Guardian Name (**Please Print**): _____

Parent/Guardian Signature: _____

Phone number _____ Cell number _____

Emergency Contact name and number _____

Email address for confirmation/receipt: _____

Any pertinent health information (asthma, allergies, etc):

