



Launch Rocks Summer!

Launch Academy Full-Day Summer Camp 2021

Our mission at Launch is to enrich our students' regular curriculum by providing educational activities that increase self-esteem and push our students to challenge themselves by trying new things. We want to enjoy fun activities this summer and further academic achievement through optional small group academic tutoring. We have all been cooped up enough and believe we can enjoy togetherness safely! We will enjoy a variety of fun activities and classes, including playing in a band, fishing, music, art, basketball, volleyball, basic cooking skills, swimming, surfing and more.

1. We will continue everything else normally including our operation hours from 9am to 3pm (drop off at 8:45), and our Monday through Thursday schedule.
2. Our summer field trip schedule may be affected by some closures. We will send individual field trip permission trips at the beginning of each week so each family can make a decision for their student.

Please contact Launch Academy front office at 832-457-2560 if you wish to schedule a student tour before camp sessions begin.

When:Session I

June 14 – July 16th
No Camp July 5th- 9th
Monday - Thursday
9 a.m. - 3 p.m.

Session II

July 19 – August 12th
Monday - Thursday
9 a.m. - 3 p.m.

Where: Launch Academy
5801 New Territory Blvd., Sugar Land, Texas 77479
Our campus is located on the second floor of Parkway
United Methodist Church.

Daily Schedule:

Monday:	Op. Academics	9 a.m.-12 p.m.
	Lunch Outdoors	12-12:45 p.m.
	Enrichment	12:45-2 p.m.
	Activities	2-3 p.m.
Tuesday:	Op. Academics	9 a.m.-12:00 p.m.
	Swim & Snow-Cones	12-3 p.m.
Wednesday:	All-Day Field trip (3:30 p.m. pick-up time)	
Thursday:	Op. Academics	9:00 - 10:30 a.m.
		10:30 - 12 p.m.
	Social Lunch	12-12:45 p.m.
	Music, Art & More	2-3 p.m.

Enrollment Requirements: Complete enrollment information including Parental Acknowledgment and Indemnification form, Permission to Treat and Summary Health Form, Photography Release Form, Transportation Release Form and separate registration form for new students to Launch will be due by the first day of camp. No exceptions will be made.



Launch Academy Summer Camp Registration Form

**Please fill out and return to
Launch Academy
5801 New Territory Blvd
Sugar Land, Texas
77479**

Summer Camp Parental Acknowledgment, Release of Liability and Hold Harmless and Indemnification Agreement

Date: _____

Name of Participant: _____

Our child, _____, is a student in the Launch Summer Camp and we the undersigned have chosen to allow our child to participate in the fieldtrip/program/activity offered at or by Launch Academy, Inc. (hereinafter Launch). Our signature on this document fully acknowledges our permission for our child to participate in the program/activity stated above.

We acknowledge that this is a voluntary activity and my child is not required to participate in these activities. We understand that Launch will not be responsible for any injuries and or damages occurring from an accident, injury, sickness, disease, pandemic, known or unknown, or other loss associated with my child's participation in the program/activity listed above.

We, _____ (Parent(s)/Guardian(s)), in exchange for Launch's agreement to allow our child to participate in the activity listed above, hereby RELEASE, ACQUIT, FOREVER DISCHARGE, AND HOLD HARMLESS, the Launch program, its owners, its agents, servants and employees, in their individual and official capacities, from any and all claims, arising from any and all injuries or damages related to any participation in the activities stated above.

We further voluntarily agree to Hold Harmless and Indemnify Launch, its agents and/or employees, against any and all losses, costs, damages, liabilities, and expenses, including the costs of investigation and defense of legal actions and reasonable attorney's fees, arising out of, resulting from, or in any way related to my child's participation in the activities listed above.

We understand that neither Launch, nor its agents or employees, are waiving their immunity from liability they now have under Texas law.

We have read and understand the **Summer Camp Parental Acknowledgment, Release of Liability and Hold Harmless and Indemnification Agreement**

and by my/our signature below, voluntarily agree to terms set out in this document.

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Date _____

Registration Fee Enclosed: _____

Summer Session I

June 14 – July 16th

No Camp July 5th- 9th

Summer Session II

July 19 – August 12th

PLEASE RETURN THIS COMPLETED FORM WITH REGISTRATION FEE AT TIME OF SIGN-UP.

Make your check payable to Launch Academy. Camp registration fee is \$250 (and will be applied to the camp fee with remaining balance due May 21, 2021). Camp fees are \$1000 per session. Classes are filled on a first-come, first-serve basis. All fees are non-refundable. Register early to secure your place. Current Launch students will receive two free weeks of summer camp so camp fees will be 500.00 for one session and 1000.00 for the next session if you choose to attend both sessions.

No deductions will be made for late arrivals or early departures. Launch Academy reserves the right to dismiss any camper whose behavior is detrimental to other members of the camp organization. Any camper bringing illegal drugs, alcohol or tobacco to camp or is in violation of Launch Academy rules and conduct, will be subject to dismissal.



LAUNCH ACADEMY
Permission to Treat and Summary Health Form

This form constitutes a medical history and permission statement that must be signed by a parent or guardian. All of the information on this form is confidential and will be used only for the purpose of evaluating your child's health status and facilitating medical diagnosis, care, and/or treatment for him/her.

STUDENT'S Name

M Last First
I

Home Address

Street City State Zip Code

Date of Birth____/____/____ Name of SSN_____

person(s) with whom student resides:



EMERGENCY CONTACTS

Father's Name _____

Driver's License or Social Security #

Work Phone: (____) _____

Cell Phone: (____) _____

E-mail Address:

Mother's Name _____

Driver's License or Social Security #

Work Phone: (____) _____

Cell Phone: (____) _____

E-Mail Address:

Alternate Emergency Contacts (other than parent)

1. Name _____ Relationship: _____

Home Phone: (____) _____ Work/Cell: _____

2. Name _____ Relationship: _____

Home Phone: (____) _____ Work/Cell: _____



PRIMARY CARE PHYSICIAN

Name_____Phone (____)_____

Address_____

MEDICAL INFORMATION

For severe allergies, provide “Emergency Health Care Plan” and contact School.

Allergies:_____

Current Medications: _____

Medical Conditions/Limitations:_____

Last Tetanus____/____/____

INSURANCE INFORMATION

(Launch does not carry insurance for the student)

Policy Holder Name_____Date of Birth_____

Insured’s Soc. Sec. #: _-_- I.D./Policy #_____Group #_____

Insured’s Employer and Address_____

Insurance Co. & Address: _____

Insurance phone #_____

Does this Policy require pre-authorization of non-emergency services? Yes / No

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD WITH THIS FORM.



PERMISSION AND RELEASES

I give permission to the school to share information with others relevant to the health and safety of my child. Yes / No

In the event my child takes an overnight/weekend leave, I give consent to the school staff to dispense my child's prescribed medications to a responsible adult to administer. Yes / No

Signature of Parent or

Guardian _____

Date _____

Signature of

Student _____

Date _____



LAUNCH ACADEMY

Photography Release Agreement

I grant my permission to Launch Academy, its representatives and employees the right to take photographs of my child,_____.

I authorize Launch Academy, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Launch Academy may use such photographs of my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Parent or Guardian's Name (printed)_____

Signature of Parent or Guardian _____

Date _____

If student is an adult (18 and over): _____

Student Name (printed) _____

Signature of Student _____

Date _____



Launch Academy
Transportation Permission Form

I, _____, hereby give my permission for my child (student) _____, to travel in personal vehicles to participate in various activities offered by Launch Academy. I agree to assume all risks and hazards incident to my child's participation in these activities, including, but not limited to, transportation to and from the activities and the activities themselves. I hereby waive, release and agree to hold harmless Launch Academy, Administrators, and all Staff, volunteers and affiliated organizations or persons from any injuries, harm or other damages that may occur to me or my child in connection with Launch Academy. I understand that it is the responsibility of my child to follow the instructions and guidelines given to them by the adults in charge while on any school related activity.

Parent Signature _____

Date _____

Home Phone _____

Cell Phone _____

If student is an adult (18 and over):

Student
Signature _____

Date _____

