



Camp Details:

- **Dates: June 15 - July 24th (6 Weeks)**
- **Time: 9:00 AM - 2:00 PM**
- **Open to: Students entering grades 1-8**
- **Cost: \$250 per week**
- **Location: Saint Gregory's School- 121 Old Niskayuna Rd, Albany, NY 12211**

Summer Knights is a 6-week summer camp designed to engage students in sports, arts & crafts, creativity, and teamwork. Students will enjoy the usage of the SGS pool as well! Each week there are themes and structured activities, this program offers fun and enrichment for students in grades 1-8.

*Lunch will **not** be provided each day, however there will be a designated time each day for lunch and snacks. Occasional snacks may be handed out*

Camper Information

Child's Name: _____

Date of Birth: ____ / ____ / ____

Grade (Entering Fall 2026): _____

Parent/Guardian Information

Parent/Guardian Name(s): _____

Phone Number: _____

Email: _____

Emergency Contact (if different from above): _____

Emergency Contact Phone: _____

(Please check the weeks your child will attend.)

Week 1 (June 15-19) - Knights of the Round Table | Soccer, Volleyball| Science with Mr.. Walker

Week 2 (June 22-26) - Court Jesters Carnival | Basketball | Art with Ms. Delaney

Week 3 (June 29 - July 2) - Dragon Defenders | Team Games| Workshops with Mr. Bond (**No camp July 3rd, week will be prorated**)

Week 4 (July 6-10) - Legends of the Shield | Lacrosse, Outdoor Games | Additional Activity TBA

Week 5 (July 13-17) - Kingdoms of Creativity | Football, Ultimate Frisbee | Additional Activity TBA

Week 6 (July 20-24) - Festival of Champions | Fun Games, Week-Wide Camp Olympics | Additional Activity TBA

Health & Safety Information

Does your child have any allergies? Yes No

If yes, please list: _____

Does your child have any medical conditions we should be aware of? Yes No

If yes, please describe: _____

Does your child require any medication during camp hours? Yes No

(If yes, a separate medication authorization form will be required.)

Waiver & Release of Liability

I, the undersigned parent/guardian, hereby give permission for my child to participate in the Summer Knights Camp at Saint Gregory's School. I understand that participation in camp activities involves inherent risks, including but not limited to physical injury.

I agree to release, indemnify, and hold harmless Saint Gregory's School, its staff, volunteers, and affiliates from any and all liability, claims, or demands that may arise from my child's participation in this camp.

I certify that my child is in good health and has my permission to engage in all camp activities. In the event of an emergency, I authorize camp staff to obtain medical treatment for my child if I cannot be reached.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Payment Information

Week 3 is \$225

Total Weeks Selected: _____ x \$250 = Total Due: \$_____

- Check (Payable to Saint Gregory's School)
- Cash (Must be submitted in person)

***Payment is required at registration and is non refundable.**

Forms can be dropped off along with payment at Saint Gregory's School

For questions, contact Camp Director Jordan Prouty at jprouty@saintgregoryschools.org