

Trinity Cougar Summer Sports Camps 2018

PRE-REGISTRATION NIGHTS FOR ALL CAMPS: Monday, April 30 (4-6PM) and Tuesday, May 1 (4-6PM) in school library. Enter school through main office entrance. Pre-register (in person or by mail) by May 1 to receive \$5 off any camp!

Date	Camp	Gr. Fall 2018	Cost	Times	Head Instructor
June 4-7	Volleyball	2-5 grade	\$50	3-4:30p	Faith Newland
		6-8 grade	\$50	4:30-6p	
June 18-21	Girls Basketball	2-5 grade	\$50	10a-12p	Mike Lang
		6-8 grade	\$50	12-2p	
June 27-29	Boys Basketball	2-5 grade	\$50	1:00-3:00p	Brian Stuckwisch
		6-8 grade	\$50	3:00-5:00p	
July 10-12	Cheer	age 3- K	\$45	2:30-3:30p	Brooke Carlin
		1-6 grade	\$50	3:30-5:30p	
July 9-11	Football	5-8 grade	\$50	6:00-8:00p	Mike Wilson

Campers may register at the Trinity school main office or by mail until the first day of camp. On the first day of camp, registration may be at the camp's location. All camps will be on the Trinity campus. Please visit our website at www.trinitycougars.org for more information or to get a registration form.



Trinity Lutheran High School

Sports Camps 2018

Date: _____ T-shirt size (circle one): YOUTH: small medium large ADULT: small medium large x-large

Girls: (X)

Volleyball _____ Basketball _____ Cheer _____

Boys: (X)

Basketball _____ Football _____

Student Name _____ Gender: M _____ F _____ Age: _____

Grade Entering in Fall 2018 _____ School Entering in the Fall _____

Address _____

Home Phone: _____

Cell Phone: _____

Parent/Guardian(s) Name(s) _____

Work Phone: _____ E-Mail Address: _____

I give permission for my child to participate in the sport camps at Trinity Lutheran High School. I hereby release Trinity Lutheran High School, its faculty, staff, sponsors, and volunteers from responsibility and liability for any injury or illness that my child sustains during any activity. In the event of an emergency, I hereby authorize any adult leader of the activity as agent for me, to consent to any x-ray examination, medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of this state, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of Parent or Guardian: _____ Date _____

Emergency Phone Number(s): _____

Priority deadline for camp registration is Tuesday, May 1, 2018. If you register after this date the cost for each camp is \$50 for all camps except 3-K cheer camp at \$45. Save \$5 off each camp by registering early! Camp t-shirts and other giveaways are not guaranteed for late registrations. A separate form is required for each camp, but you may write one check for the total cost of the camps attending.

Please make checks payable to: **Trinity Lutheran High School**

Medical Information

Allergies: _____

Medications Being Taken: _____

Physical Handicaps or Limitations: _____

Medical Insurance Company: _____

Policy Number: _____