



Cougar Summer Camps 2021

PRE-REGISTRATION NIGHTS FOR ALL CAMPS: Monday, April 12 (4-7 p.m.) and Tuesday, April 13 (4-7 p.m.) in school resource center. Enter school through main office entrance. Pre-register (in person or by mail) by May 21 to receive \$5.00 off any camp!

Date	Camp	Grade in Fall	Cost	Times	Head Instructor
June 1-3	Girls Soccer	K-4 grade	\$50.00	5-6:30 p.m.	Thom Hayes
		5-8 grade	\$50.00	6:30-8 p.m.	Thom Hayes
June 1-3	Boys Soccer	K-4 grade	\$50.00	5-6:30 p.m.	Todd Jack
		5-8 grade	\$50.00	6:30-8 p.m.	Todd Jack
June 7-10	Girls Basketball	2-8 grade	\$50.00	10-11:30 a.m.	Mike Lang
June 14-16	Baseball	K-8 grade	\$50.00	4:30-6 p.m.	Ben Kleber
June 14-17	Boys Basketball	K-2 grade	\$50.00	10-11:30 a.m.	
		3-5 grade	\$50.00	12-1:30 p.m.	
		6-8 grade	\$50.00	1:30-3 p.m.	
June 21-24	Volleyball	2-5 grade	\$50.00	10 a.m. – 12	Faith Newland
		6-8 grade	\$50.00	12-2 p.m.	Faith Newland
July 12-15	Cheerleading	K-4 grade	\$50.00	2:30-4 p.m.	Brooke Carlin
		5-8 grade	\$50.00	4-5:30 p.m.	Brooke Carlin

Campers may register at the Trinity High School 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.

Office Use Only: Paid (y/n) _____ Check # _____ Cash _____

Trinity Lutheran High School

Sports Camps 2021

Date: _____	T-shirt size (circle one):	YOUTH: small	medium	large	ADULT: small	medium	large	x-large
Girls: (X)	Volleyball _____	Basketball _____	Cheer _____	Soccer _____				
Boys: (X)	Basketball _____	Baseball _____	Soccer _____					

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

Grade Entering in Fall 2021 _____ 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 Friday, May 21, 2021. If you register after this date the cost for each camp is \$50 for all camps. Save \$5 off each camp by registering early! Camp T-shirt 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: _____

