



## **Central School District Summer Athletic Camps**

**Location:** Girls/Boys Basketball and Girls/Boys Volleyball will be held in the **Joseph Arthur Middle School Multipurpose Room**. Soccer, baseball, and softball will be held in the **athletic fields at Joseph Arthur Middle School**.

**Cost:** \$20 for the first camp and \$10 for each additional camp.

**T-Shirts:** All participants will receive an athletic camp T-shirt. (Permission slip must be turned in by **June 5<sup>th</sup>** to be guaranteed a t-shirt. However, students may still participate in the camps as long as we have the money and the slip turned in on or before the first day of said camp.)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Grade Level (2010-2011): 5 6 7 8

Phone: (\_\_\_\_) \_\_\_\_\_ T-shirt Size (circle one): S M L XL XXL Youth M Youth L

Please check all of the camps your child will be attending:

**Boys basketball** \_\_\_\_ (June 21-25, 10 am-12 pm)

**Girls Basketball** \_\_\_\_ (June 21-25, 8-10 am)

**Soccer (Co-ed)** \_\_\_\_ (June 14-18, 8-10 am)

**Softball** \_\_\_\_ (July 12-16, 8-10 am)

**Baseball** \_\_\_\_ (July 12-16, 8-10am)

**Girls Volleyball** \_\_\_\_ (July 19-23, 10am-12pm)

**Boys Volleyball** \_\_\_\_ (July 19-23, 8-10 am)

**Please enter Fee Enclosed: \$** \_\_\_\_\_

**Waiver of Liability:** In consideration of the acceptance of my child's registration to participate in said program, I agree to indemnify and save harmless Central School Dist. 104, its agents, servants, and employees, from and against any and all damages arising from injuries to persons or damage to property occasioned by any acts or omissions of participant, its agents, servants, or employees, in defense of any claim, action or suit, irrespective of any claim that an act, omission or negligence of the school or its agents, servants, or employees contributed to such injury or damage. I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my child's actions and I acknowledge that my child is physically fit and sufficiently trained to participate in the event.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail to: Joseph Arthur Middle School**

**Attn: Derek Morgan**

**\*Any questions, call 618-632-6336 ext. 154**

**160 St. Ellen Mine Rd.**

**or email: [dmorgan@stclair.k12.il.us](mailto:dmorgan@stclair.k12.il.us)**

**O'Fallon, IL 62269**