# 2018 Holy Cross Crusader 4th - 8th Grade Summer Sports Camps

#### **Camp Dates:**

Boys Basketball
Girls Basketball
Girls Volleyball
July 9<sup>th</sup> to July 12<sup>th</sup>
July 16<sup>th</sup> to July 19<sup>th</sup>
July 30<sup>th</sup> to August 2<sup>nd</sup>

Boys Football July 30<sup>th</sup> to August 2<sup>nd</sup> (at Marmion)

#### **Schedule for Each Camp:**

4th, 5th, 6th Grades 4:30-6:00PM 7th and 8th Grades 6:00-7:30PM

Football Camp 6:00-7:30PM (Open to grades 4<sup>th</sup> thru 8<sup>th</sup>)

#### **Cost for Each Camp:**

The cost of each Crusader Sports Camp is **\$50** (Includes T-Shirt) Payable to: **Holy Cross Athletics** 

- The number of campers for each session is limited
- Registration is on a first-come basis
- T-shirts WILL NOT be available for late registrations
- Holy Cross School is NOT responsible for lost, stolen, or damaged personal items
- Each participant MUST have a signed Medical Consent Form (Attached)

### Please Return Registration Form and Payment by May 7<sup>th</sup> To:

Holy Cross School Attn: Jim Young 2300 Main Street Batavia, IL 60510

## **2018 Crusader Sports Camp Registration Form**

Name:Parent's Names:	Grade (2018-2019): Phone:
Email:	Shirt Size: YM YL AS AM AL (circle)
<ul> <li>□ Boys Basketball \$50.00</li> <li>□ Girls Basketball \$50.00</li> <li>□ Girls Volleyball \$50.00</li> <li>□ Boys Football \$50.00</li> </ul>	
Total Enclosed \$	
Medical Consent and Release Form	
I hereby authorize the staff of Holy Cross Catholic School, located in the city of Batavia, Kane County, State of Illinois, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care necessitated by injury or illness while the below child, a minor, is attending the camp, and I hereby waive and release Holy Cross Catholic School and its representatives from any and all liability for any injuries or illnesses incurred while at the camp. I have no knowledge of any physical impairment that would be affected by the below camper's participation in the camp program.	
Camper:	
Parent/Guardian:	
Emergency Contact Number:	
Insurer Name:	

Please Return Registration Form and Payment by May 7th To:

Holy Cross School Attn: Jim Young 2300 Main Street Batavia, IL 60510

Policy #: \_\_\_\_\_\_Signature: \_\_\_\_\_

Date: \_\_\_\_\_