

# Our Savior Lutheran School Summer Sports Camp 2011

Student's Name \_\_\_\_\_ Grade entering \_\_\_\_\_

**Please use separate forms for each child.**

Camp	Grade	Date	Time	Cost	Check#	Cash
<b>Junior Cheer</b>	K-4 <sup>th</sup>	June 27-July 1	9-11 am	\$60.00		
<b>Basketball</b>	1 <sup>st</sup> -4 <sup>th</sup>	July 11-July15	1-3 pm	\$60.00		
<b>Basketball</b>	5 <sup>th</sup> -8 <sup>th</sup>	July 11-July15	4-6 pm	\$60.00		
<b>Soccer (Must provide shin guards)</b>	1 <sup>st</sup> -3 <sup>rd</sup>	July 18-22	9-11 am	\$60.00		
<b>Soccer (Must provide shin guards)</b>	4 <sup>th</sup> -8 <sup>th</sup>	July 18-22	4-6 pm	\$60.00		
<b>Volleyball (Must provide kneepads)</b>	3 <sup>rd</sup> -8 <sup>th</sup>	July 18-22	1-3 pm	\$60.00		

I give my child permission to attend the above stated athletic camps. I give the camp coaches permission to use all medical release forms authorized to Our Savior Lutheran School for the 2010-2011 school year.

I herewith release OSL School and Daycare and all its personnel from any liability and all claims against school authorities, individually and collectively, from any injuries/accidents, which might be received during any of the above Sports camps. Parent's permission MAY NOT be obtained by telephone in lieu of this form.

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Contact phone number (home) \_\_\_\_\_

(cell) \_\_\_\_\_

Contact email: \_\_\_\_\_

Emergency contact/phone number \_\_\_\_\_

**You must be registered by June 10 to receive a T-shirt.**

T-shirt- Circle Size needed

Youth            Small (6-8)            Medium (10-12)            Large (14-16)

Adult            Small            Medium            Large            X-Large

For Office Use            Date Received \_\_\_\_\_