

# 2<sup>nd</sup>- 8<sup>th</sup> Grade Crusader Youth Summer Sports Camps 2021

*These grade levels are for what grade kids will be going into next year--- 2021-2022 year.*

## Boys Basketball-Coach Rich Hamlin

Camp Dates: **July 12<sup>th</sup>-15<sup>th</sup>**

(Mon, Tue, Wed, Thur)

Time Slots: 2<sup>nd</sup>-8<sup>th</sup> 10:00am-12:00pm

## Girls Basketball-Coach Brian Purugganan

Camp Dates: **July 21<sup>st</sup>-24<sup>th</sup>**

(Wed., Thur., Fri., Sat.)

Time: 2<sup>nd</sup>-5<sup>th</sup> grade 5:30-7pm & Sat 10-11:30am

Time: 6<sup>th</sup>-8<sup>th</sup> grade 7-8:30pm & Sat 12-1:30pm

## Baseball Coach- Rob Sullivan

Camp Dates: **July 26<sup>th</sup>-29<sup>th</sup>**

(Mon, Tue, Wed, Thur)

Time Slots: 2<sup>nd</sup>-5<sup>th</sup> grade 4:45-6:00pm

Time Slots: 6<sup>th</sup>-8<sup>th</sup> grade 6:00-7:15pm

## Soccer-Coach Rob Sullivan

Camp Dates: **July 19-22**

(Mon, Tue, Wed, Thur)

Time Slots: 2<sup>nd</sup>-5<sup>th</sup> grade 12:30-2:00pm

Time Slots 6<sup>th</sup>-8<sup>th</sup> grade 2:00-3:30pm

## Football- Rico Tipton

Clinic Dates: Sat June 19<sup>th</sup>, Mon. June 21<sup>st</sup>

Time Slots: 6<sup>th</sup>-8<sup>th</sup> grade 10:00am-4:00pm (Bring a sack lunch)

## Cost per Camp:

- \$60 per camp (*If do more than one camp, \$5 off of each additional camp so don't get duplicate shirts*)
- \$5 sibling discount per extra child (\$55 for first child, \$50 for each additional child)
- T-Shirt included in the cost – Sizes Available: YM YL S M L XL 2XL
- Make Checks Payable to **Tacoma Baptist** (Attention: Athletics / 2052 S 64<sup>th</sup> St., Tacoma, WA 98409)

**How to Register:** Fill out registration, release form & turn in payment. Make checks payable to: **Tacoma Baptist**.

Guardian(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Student: \_\_\_\_\_ Grade entering Fall 2021 \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Camp(s) Attending: \_\_\_\_\_ Baseball \_\_\_\_\_ Boys Basketball \_\_\_\_\_ Girls Basketball \_\_\_\_\_ Soccer \_\_\_\_\_ Football

TOTAL AMOUNT PAID: \$ \_\_\_\_\_



## Informed Consent: Summer Camps

We accept and understand that sport involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the above described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport. We accept and understand that certain activities such as the act of tackling carry with them a greater inherent risk of injury.

We understand that the inherent risks of this sport cannot be eliminated without jeopardizing the essential qualities of the sport. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity.

We certify that our child has no medical or physical conditions which would interfere with or compromise our child's safety in participating in this activity.

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to my child.

In the event it becomes necessary for school district staff to obtain emergency medical care for my child, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness, and or unforeseen circumstances.

I certify that my household has sufficient medical and dental insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by my child.

I acknowledge that I have read this document fully understand the risks associated with participating in this voluntary school district athletic program. I understand the inherent risks and give permission for my child to participate.

I agree to hold harmless Sound Christian/Tacoma Baptist, it's Officers, Directors, employees and volunteers from and against any and all claims from injuries sustained by camp participant.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student Athlete Signature \_\_\_\_\_ Date: \_\_\_\_\_