

## St. Dominic Savio Catholic High School 2018 Summer Athletics Camps Registration Form

## updated 5/11/2018

Camp Name	Instructor	Dates	Time	Ages	Cost
☐ Baseball Camp	Bryan Edwards	July 30-Aug 2	9:00 am-12:00 noon	Girls/Boys 3rd-8th grades	\$275
☐ Boys Basketball Camp	Brett Davis	June 11-15	8:00 am-12:00 noon	Boys 6th-8th grades	\$195
☐ Boys Basketball Camp	Brett Davis	June 11-15	1:00-5:00 pm	Boys 9th-12th grades	\$195
☐ Girls Basketball Camp	Rich Carr	July 18-20	5:00-8:00 pm	Girls 6th-12th grades	\$100
☐ Lone Star Basketball Camp	Jan Jernberg	June 18-21	8:30 am-4:30 pm	Girls/Boys 2nd-8th grades	\$175
☐ Strength & Conditioning (HS)	Coaching Staff	June 4-July 20	8:00-10:00 am	Savio Girls/Boys 9th-12th grad	les \$250
□ Volleyball Camp (MS)	Megan Leath	June 27-29	8:00 am-12:00 noon	Girls 6th-8th grades	\$165
☐ Volleyball Camp (HS)	Megan Leath	July 18-20	9:00 am-4:00 pm	Girls 9th–12th grades	\$195
□ Volleyball Strength & Cond (HS)	Megan Leath	June 4-28	9:00-10:30 am (M-Th)	Girls 9th-12th grade	\$180
Student Name		Age	Ente	ring Grade	
Address					
Street		City	State	Zip	
Mother/Guardian's Name					
Address					
(if different than student) Street		City	State	Zip	
Father/Guardian's Name					
Address					
(if different than student) Street		City	State	Zip	
Family Phone Number		Family E-n	nail		
Contact in Case of an Emergency					
	Name	Rela	tionship to Student	Phone Number	
Student's Signature			Date		
Mother's/Guardian's Signature			Date		
Father's/Guardian's Signature			Date		

Full payment must be received prior to the first day of camp. Please return this form and payment no later than Friday, June 1, 2018, to: St. Dominic Savio Catholic High School, Attention: Crystal Clark, 9300 Neenah Ave., Austin, TX 78717. For all Savio Camps, please make checks payable to St. Dominic Savio Catholic High School (SDSCHS); Lone Star Hoops payable to Lone Star Hoops. Some camps session sizes are limited, so placement will be determined on a first come, first serve basis.

Authorization/Medical Release .... By signing this form, I/we as parent(s)/guardian(s) give my/our permission for my child(ren) to participate in the 2018 St. Dominic Savio Catholic High School (SDSCHS) summer camp(s). I/we waive and release SDSCHS and the staff from any liability in the event of injury or illness to my child(ren). I/we hereby authorize the staff of the SDSCHS summer camp(s) to act for me according to his/her best judgment in any emergency requiring medical attention. I/we further understand that SDSCHS does not provide medical insurance covering injuries that might be incurred at the 2018 summer camps. I/we release SDSCHS and its camp staff from any and all claims resulting from participation in the 2018 summer camp(s).