

St. Dominic Savio Catholic High School 2019 Summer Athletics Camps Registration Form

Updated 4/9/2019

Camp Name	Instructor	Dates		Time	Ages	Cost
☐ Baseball Camp	Bryan Edwards	July 22-25	9:00	am-12:00 noon	Boys 9–14 years old	\$295
☐ Girls Basketball Camp	Rich Carr	July 22-24	5:00-	8:00 pm	Girls 9th-12th grades	\$75
☐ Lone Star Hoops Basketball Camp	Jan Jernberg	June 17-19	8:30	am-4:30 pm	Girls/Boys 2 nd -8 th grades	\$175
☐ Soccer Speed & Strength	Steven Cardenas	June 3-July 3	1 5:00-	6:00 pm (M/W)	Girls/Boys 7th–12th grades	\$100/mont
☐ Speed & Agility	T&F Coaching Staf	f July 8-10	4:00-	7:00 pm	Girls/Boys 10–18 years old	\$100
☐ Strength & Conditioning (HS)	FB Coaching Staff	June 3-July 1	8 8:00-	10:00 am (M/T/W/Th)	Girls/Boys 9th-12th grades	\$250
☐ Volleyball Camp (MS)	Megan Leath	June 24-26	8:00	am-12:00 noon	Girls 6th–8th grades	\$165
☐ Volleyball Camp (HS)	Megan Leath	July 24-27	8:00	am-3:00 pm	Girls 9th–12th grades	\$195
☐ Volleyball Strength & Cond (HS)	Megan Leath	June 3-20	9:00-	11:00 am (M/W/F)	Girls 9th–12th grade	\$185
Student Name			Age	Enterir	ng 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-mail			
Contact in Case of an Emergency						
	Name		Relationshi	p 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, May 31, 2019 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 2019 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 2019 summer camps. I/we release SDSCHS and its camp staff from any and all claims resulting from participation in the 2019 summer camp(s).