## **Columbus Cardinal Sports Camps**

## **2019 - BOY'S CAMPS**

Instruction by: Columbus Cardinal Coaching Staff

CAMPS	DATES	LOCATION	SESSIONS	PRICE	Place a check in the box of camp you wish to attend.
<b>SOCCER</b> Engel.daniel@columbusisd.org	May 29 – 30 (2 days)	Memorial Stadium	Session 1:  3 <sup>rd</sup> – 6 <sup>th</sup> grades  8:00am – 10:00am  Session 2:  7 <sup>th</sup> – 9 <sup>th</sup> grades  10:00am – Noon	\$20	
<b>BASEBALL</b> Allen.heath@columbusisd.org	June 3 – 5 (3 days)	Cardinal Baseball Field	Session 1: 3 <sup>rd</sup> – 6 <sup>th</sup> grades 8:00am – 10:00am Session 2: 7 <sup>th</sup> – 9 <sup>th</sup> grades 10:00am – Noon	\$30	
<b>BASKETBALL</b> Hunter.JohnPaul@columbusisd.org	June 11 – 13 (3 days)	Marley Giddens Gym	Session 1: 4 <sup>th</sup> – 6 <sup>th</sup> grades 8:00am – 9:30am Session 2: 7 <sup>th</sup> – 9 <sup>th</sup> grades 10:00am – 11:30am	\$30	
FOOTBALL	July 29 – 31 (3 days)	Memorial Stadium	Session 1:  3 <sup>rd</sup> - 6 <sup>th</sup> grades  8:00am - 9:30am  Session 2:  7 <sup>th</sup> - 9 <sup>th</sup> grades  10:00am - Noon	\$30	

Name:	Grade:	Shirt Size:	TOTAL	TOTAL MONEY PAID: \$		
		CASH or CHECK (	Check #	)Checks navable to: (	olumbus ISI	

\*\* IMPORTANT: Forms MUST be turned into the High School Office (Attention: Kayley Johns) by **May 22**<sup>nd</sup> if you would like for your child to receive a T-shirt for the sports camps.

Note: All grades are for the 2019 – 20 school year.



## Send Registration & Money to:

Columbus Athletics Attn: Kayley Johns 105 Cardinal Lane Columbus, Tx 78934



\*\*\*Or drop it off at the HS or Admin Office\*\*\*

		Registrati	on Form			
Camper's Name:			Grad	e ( <i>2019</i>	-20):	Age:
Parent's Name:						
Phone #:						
List all Sports Camps your	child is atten	ding:				<del></del>
T-Shirt Size (Circle One):	YS YM	YL AS	AM	AL	AXL	AXXL
						fice (Attention: Kayley Johns) for the sports camps.
Release Form/Emergency Info	rmation_					
As a custodial parent or court-appoir parents, for child and child's heir and from all claims arising out of or conne provide this release because I am min how careful or prudent any person, f Camps" to treat child or arrange for rommunicate via telephone with the	I successors, releas ected with the child ndful that athletics, irm, or facility migh medical care or trea	e "Columbus ( d's participatic , physical train nt be. Further atment deeme	Cardinal Spo on in any of t ing and com more, I give od necessary	rts Camps the "Colur opetition o permissio	" and any nbus Card an be dai n to the s	of its agents, employees, or staff dinal Sports Camps" activities. Ingerous undertaking regardless of staff of "Columbus Cardinal Sports
Emergency Contact #1:						
(Name, Relationship, phone #)  Emergency Contact #2:  (Name, Relationship, phone #)						
In the event that the emergency contelephone contact, "Columbus Cardin signing form.					•	•
Health Insurance, PPO: Ins. Company:		Policy	#:			
Address:		Telepho	one:			
Allergies (if any):		Heart	disease or of	ther:		