

Columbus Cardinal Sports Camps

2019 - GIRL'S CAMPS

Instruction by: Columbus Cardinal Coaching Staff

CAMPS	DATES	LOCATION	SESSIONS	PRICE	Check box of camp you wish to attend.
SOCCER macha.ross@columbusisd.org	May 29 – 30 (2 days)	Memorial Stadium	Session 1: 3 rd – 6 th grades 8:00am – 10:00am	\$20	
			Session 2: 7 th – 9 th grades 10:00am – Noon		
SOFTBALL schindlerg@columbusisd.org	June 4 – 5 (2 days)	Cardinal Softball Field	Session 1: 3 rd – 5 th grades 8:00am – 10:00am	\$20	
			Session 2: 6 th – 9 th grades 10:00am – Noon		
BASKETBALL Mike.albers@cisd.schools.org	June 11 – 13 (3 days)	Marley Giddens Gym	Session 1: 4 th – 6 th grades 8:00am – 9:30am	\$30	
			Session 2: 7 th – 9 th grades 10:00am – 11:30am		
VOLLEYBALL johns.kayley@columbusisd.org	July 23 – 25 (3 days)	Marley Giddens Gym	Session 1: 3 rd – 5 th grades 8:00am – 9:30am	\$30	
	July 23 – 25 (3 days)		Session 2: 6 th – 8 th grades 10:00am – Noon		
	July 29 – 31 (3 days)		Session 3: 9 th grade ONLY 9:00am – 11:30am		

Name: _____ Grade: _____ Shirt Size: _____ TOTAL MONEY PAID: \$ _____
 CASH or CHECK (Check # _____) Checks payable to: Columbus ISD

****IMPORTANT:** Forms **MUST** be turned into the High School Office (Attention: Kayley Johns) by **May 22nd** 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*****

Registration Form

Camper's Name: _____ **Grade (2019-20):** _____ **Age:** _____

Parent's Name: _____

Phone #: _____

List all Sports Camps your child is attending: _____

T-Shirt Size (Circle One): YS YM YL AS AM AL AXL AXXL

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Release Form/Emergency Information

As a custodial parent or court-appointed guardian of _____ (child's name), I do for both of child's parents, for child and child's heir and successors, release "Columbus Cardinal Sports Camps" and any of its agents, employees, or staff from all claims arising out of or connected with the child's participation in any of the "Columbus Cardinal Sports Camps" activities. I provide this release because I am mindful that athletics, physical training and competition can be dangerous undertaking regardless of how careful or prudent any person, firm, or facility might be. Furthermore, I give permission to the staff of "Columbus Cardinal Sports Camps" to treat child or arrange for medical care or treatment deemed necessary. If circumstances permit, the staff will attempt to communicate via telephone with the following emergency contacts for child.

Emergency Contact #1: _____

(Name, Relationship, phone #)

Emergency Contact #2: _____

(Name, Relationship, phone #)

In the event that the emergency contact cannot be reached, or if the urgency of the situation requires immediate attention without prior telephone contact, "Columbus Cardinal Sports Camps" staff may arrange for medical treatment at the expense of parent or guardian signing form.

Health Insurance, PPO:

Ins. Company: _____ Policy #: _____

Address: _____ Telephone: _____

Allergies (if any): _____ Heart disease or other: _____