

BACS 2017 Secondary Summer Athletic Camps



<u>Camp</u>	<u>Incoming Grades</u>	<u>Dates</u>	<u>Times</u>	<u>Selection</u>
JH Volleyball	7 th -8 th	June 5 th -8 th	12:00-3:00 pm	<input type="checkbox"/>
HS Volleyball	9 th -12 th	June 26 th -29 th	12:00-3:00 pm	<input type="checkbox"/>
JH Football	6 th -8 th	June 5 th -8 th	6:00-8:00 pm	<input type="checkbox"/>
Boys Basketball	7 th -12 th	July 10 th -13 th	12:00-3:00 pm	<input type="checkbox"/>
Girls Basketball	7 th -12 th	July 17 th -20 th	12:00-3:00 pm	<input type="checkbox"/>
Softball *Located on softball field	7 th -12 th	July 10 th -13 th	6:00-8:00 pm	<input type="checkbox"/>
JH Baseball *Located on baseball field	6 th -8 th	June 26 th -29 th	6:00-8:00 pm	<input type="checkbox"/>

Camp costs are \$100.00 per camp and include a camp T-shirt. Please make checks payable to BACS and turn into the Main Office or Athletic Department. For more information contact Jennifer Hall at 281-332-4814

Name: _____ Grade (2017-18): _____

Address: _____ City: _____ State: _____

Zip: _____ Cell Phone: _____

Parent: _____ Emergency Contact: _____

Email: _____

Insurance Co.: _____ Group #: _____

T-shirt size: **Youth:** S M L XL **Adult:** S M L XL XXL

Insurance Waiver

I, _____, hereby authorize in advance any necessary medical attention required by _____ while attendance of this camp. I also acknowledge that I will notify the camp personnel of any special needs or information required by the above named camper. I agree the above named camper may participate in the above selected camps and also agree to release Bay Area Christian School and its coaches from any and all claims resulting from participation in this event.

Parent/Legal Guardian Signature: _____ Date: _____

Check #: _____