

CLASS ATHLETE SUMMER CAMPS

We are happy to announce the return of our summer sports camps! We will be hosting seven, week-long camps that will focus on three sports: football, soccer and basketball. It is an all-sports camp, but we will allow you to tell us which sport you'd like your child to focus more on and try to align our schedule to accommodate all requests.

- **The cost:** \$150 per week (\$5 off per sibling; \$5 off for each additional week)
- **The location:** Lyman High; 9 a.m. to 5 p.m. (8-9 drop off); late pick-up until 6
- **The dates:** June 1-5; 8-12; 15-19; 22-26; July 13-17; 20-24; 27-31; must sign up one week prior to the camp's start date!
- **Note:** Participants will need to provide snacks, drinks and lunch for themselves.

CHOOSE YOUR WEEK(S) BELOW:

JUNE 1-5	JUNE 8-12	JUNE 15-19	JUNE 22-26	JULY 13-17	JULY 20-24	JULY 27-31
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPORT PREFERENCE	SPORT PREFERENCE	SPORT PREFERENCE	SPORT PREFERENCE	SPORT PREFERENCE	SPORT PREFERENCE	SPORT PREFERENCE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCCER	SOCCER	SOCCER	SOCCER	SOCCER	SOCCER	SOCCER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOOTBALL	FOOTBALL	FOOTBALL	FOOTBALL	FOOTBALL	FOOTBALL	FOOTBALL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASKETBALL	BASKETBALL	BASKETBALL	BASKETBALL	BASKETBALL	BASKETBALL	BASKETBALL

REGISTRATION CARD

- Child's name _____
- Address _____
- E-mail address _____
- Age _____ • Allergies _____
- Parent name _____
- Parent phone _____
- Emergency contact _____

I hereby give my permission and approval to participate in all activities of Class Athlete, Inc. during the current 2015 season. I understand that participating in sports containing risks, including but not restricted to: serious injury, the possibility of paralysis, or death. Therefore, the above assumes all risks and hazards incidental to the conduct of all activities, including possible negligence of agents (together with, but not limited to, all coaches, officers, members, commissioners, and directors), servants, or employees of Class Athlete, Inc. This also includes its organizers, sponsors, and/or any of its or their agents, servants, and employees and anyone transporting said child to or from activities of Class Athlete, Inc. I hereby give my permission and approval for my likeness to be used in promotion of all activities related to Class Athlete, Inc. These will include, but not be limited to pictures and video to be published on the Class Athlete, Inc. website and/or league promotional materials. In case of an emergency, if my physician/primary care doctor cannot be reached, I hereby authorize myself to be treated by another qualified, licensed physician or emergency personnel who is/are available.

Signature _____

Date _____

MAIL ALL PAYMENTS TO: CLASS ATHLETE, 608 TIMBERWILDE CT., WINTER SPRINGS FL 32708