



Boys Basketball: May 28-31—6:00-8:00 p.m. &
June 1 —10:00 a.m.-12:00 p.m. in our gym. Cost: \$30

Softball: June 3-6—5:00-7:00 p.m. at our ball field. Cost: \$30

Volleyball: June 17-20—12:30-3:00 p.m. in our gym. Cost: \$30

Girls Basketball: June 24-27—1:00-3:00 p.m. in our gym. Cost: \$30

Cheer: July 8-11—10:00 a.m.-12:00 p.m. in our gym. Cost: \$30

Baseball: July 8-12—5:00-7:00 p.m. in our gym. Cost: \$30

**Please return forms
& payment
2 weeks prior to camp
to ensure your spot!**

CALVARY LUTHERAN SUMMER 2019 9TH-12TH ATHLETIC CAMPS

Student Name (print): _____ Grade (2019-2020 school year): _____

T-shirt size: **Please circle one-** Youth M Youth L Adult S Adult M Adult L Adult XL Adult XX

Emergency Contact _____ phone number: _____

Please check the camps your student will attend (make checks payable to **Calvary Lutheran High School Booster Club**):

____ **Boys Basketball:** May 28-June 1 \$30 ____ **Softball:** June 3-6 \$30 ____ **Volleyball:** June 17-20 \$30

____ **Girls Basketball:** June 24-27 \$30 ____ **Cheer:** July 8-11 \$30 ____ **Baseball:** July 8-12 \$30

TOTAL CAMPS _____ **TOTAL\$** _____ **RETURN FORM & PAYMENT 2 WEEKS PRIOR TO CAMP**

WAIVER OF LIABILITY

I understand that injuries are inherent with a sports activity. In the event that an injury occurs to myself or a family member, I agree not to hold Calvary Lutheran High School, the coaches, or any person connected with the Calvary Lutheran High School Athletic Department liable for any and all claims of bodily injury and property damage arising from the participation in the Calvary Lutheran High School 2018 summer camps.

Insurance Company: _____

Group Number: _____

I, as a parent/guardian of the above noted child, submit that my child is physically fit to participate in sports activity. I acknowledge that I am responsible for all payments regarding medical expenses. I also give permission, in case of injury, for clinic personnel to take my child to a hospital for treatment, to include evaluation of injuries, x-rays and needed care.

Parent Signature: _____ Date: _____ Email: _____

BOYS BASKETBALL

May 28th-31st from 6:00-8:00 p.m.
June 1st from 10:00 a.m.-12 noon
Calvary Gym
Coach Mark Buffington:
buffingtonm@calvarylhs.org

SOFTBALL

June 3rd-6th from 5:00-7:00 p.m.
Calvary Ball Field
Coach Denice Burks:
neccer27@gmail.com

VOLLEYBALL

June 17th-20th from 12:30-3:00 p.m.
Calvary Gym

GIRLS BASKETBALL

June 24th-27th from 1:00-3:00 p.m.
Calvary Gym
Coach Bethany Marble:
marbleb@calvarylhs.org

CHEERLEADING

July 8th-11th from 10:00 a.m. -12:00 p.m.
Calvary
Coach Laura Moehlman
moehlmanl@calvarylhs.org

BASEBALL

July 8th-12th from 5:00-7:00 p.m.
Calvary Ball Field
Coach Rusty Bourg:
coachbourg@gmail.com

COST FOR ALL CAMPS INCLUDE:

- Emphasis on instruction in fundamentals with some strategy/competition
- camp T-shirt
- refreshments

You can mail the form and check to:

Calvary Lutheran High School, 2525 Route B, Jefferson City, MO 65101

School Office: 573-638-0228

Mark Buffington: 573-473-5221

Denise Crider: 573-690-6788