

Calvary

LUTHERAN HIGH SCHOOL

SUMMER 2019

3RD-8TH YOUTH ATHLETIC CAMPS

Home of the Lions



Archery: June 10-13
Grades 4-8 5:00-6:00 p.m. or 6:00-7:00 p.m.
Cost: \$20 Location: CLHS Gym

Volleyball: June 17-20
Grades 3-5 8:30-10:00am
Grades 6-8 10:00-11:30 am
Cost: \$30 Location: CLHS Gym

****NEW****
Girls Combo Camp: June 24-26
Girls Basketball, Softball & Cheer
Grades 3-8 8:00 a.m. -12:15 p.m.
Cost: \$40 Location: Start in CLHS Gym

****NEW****
Boys Combo Camp: July 8-10
Boys Basketball & Baseball
Grades 2-8 1:00-5:00 p.m.
Cost: \$40 Location: start in CLHS Gym

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

CALVARY LUTHERAN SUMMER 2019 3TH-8TH YOUTH 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 child will attend (make checks payable to **Calvary Lutheran High School Booster Club**):

Archery: June 10-13 Grades 4-8 \$20 _____ 5:00-6:00 p.m. _____ 6:00-7:00 p.m.

_____ **Volleyball:** June 17-20 Grades 3-5 \$30 _____ **Volleyball:** June 17-20 Grades 6-8 \$30

_____ **Girls Combo Camp:** June 24-26 Grades 3-8 \$40 _____ **Boys Combo Camp** July 8-10 Grades 3-8 \$40

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 2019 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: _____

ARCHERY

June 10th-13st from 5:00-6:00 p.m. &/or
6:00-7:00 p.m.
Grades 4-8
Calvary Gym
*Coach Stephanie Horn
shorn1@cougars.ccis.edu

VOLLEYBALL

June 17th-20st
Grades 3-5 8:30 -10:00 a.m.
Grades 6-8 10:00-11:30am
Calvary Gym

GIRLS COMBO CAMP- GIRLS BASKETBALL, SOFTBALL & CHEER

June 24th-26th from 8:00 a.m.-12:15 p.m.
Grades 3-8
Start in Calvary Gym
*Basketball Coach Bethany Marble:
marbleb@calvarylhs.org
*Softball Coach Denice Burks:
neccer27@gmail.com
*Cheer Coach Laura Moehlman
moehlmanl@calvarylhs.org

BOYS COMBO CAMP- BOYS BASKETBALL & BASEBALL

July 8th-July 10th from 1:00-5:00 p.m.
Grades 2-8
Start in Calvary Gym
*Basketball Coach Mark Buffington:
buffingtonm@calvarylhs.org
*Baseball 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