

YELLOWJACKET ATHLETIC CAMPS 2018 REGISTRATION

Childs Name (please print) _____ Age ____ 2018-19 Grade ____
 Emergency Contact: _____
 Home (____) _____ Work (____) _____ Cell (____) _____
 Street Address _____ City _____ State ____ Zip _____

2018 Summer Camps will be held on the following dates and times please check off what your athlete will be participating in:

Summer Pride Camps
 (all students registered will receive Adidas Camp shirt July 30)
 Incoming Grades 7-12- \$40

T-Shirt Size (circle one) Youth or Adult XS S M L XL XXL 3XL
 Times/ Dates

Boys-	Girls-
8AM-9:30AM 7th-9th grade 10AM-12PM 10th - 12th grade June 11-14, June 18-21, June 25-28, July 9-12, July 16-19, July 30-Aug 2	8AM-9:30AM 7th-9th grade 10AM-12PM 10th-12th grade June 11-14, June 18-21, June 25-28, July 9-12, July 23-26, July 30-Aug 2

Cheer
 June 5, 6, 7
 Time/Location: Gym-1:00pm-3:00pm
 \$30 per Camp

Tennis
 June 5, 6, 7-(Grades 3-9)
 Time/Location: Courts-9:00am-11:00am
 \$30 per Camp

Boys Youth Camp incoming grades 2-9 June 12,13, 14
 Football(8AM 2-8th)(9th Grade only will be July 30-Aug 2)
 Baseball(9:30AM)
 Basketball(11AM-12:30PM)
 \$30 per Camp or \$60 for all 3

Girls Youth Camp incoming grades 2-9-June 26, 27, 28
 Volleyball (8AM),
 Softball(9:30AM),
 Basketball (11AM-12:30PM)
 \$30 per Camp or \$60 for all 3

Ferris ISD Employee (½ Discount)
 Multiple Children Attending Camps (½ Discount)

Of Camps: _____ Amount Due: _____
 Please make checks payable to Ferris ISD Athletics.
 Mail to: Attn Brandon Layne
 1025 E 8th St. Ferris TX 75125

I hereby release the directors of the Yellowjacket Camps to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the Yellowjacket Camps and the coaches/workers of the camp from any and all liability for any injuries and illness incurred while at the camps. I will be responsible for any medical or other charges in connection with my child's attendance. I know of no mental or physical problems which may affect my child's ability to safely participate in this program.

Parent/Guardian's Signature _____ Date _____

