



SALADO

2008 SUMMER ATHLETIC CAMPS



<u>Tennis Camp 1</u> June 3 rd - 6 th Ages 5 -10 yr. olds, 8:00-9:00am	Incoming K -4 th	\$50	Register with Coach Hyer For information call 947-6900 Ext 2075 or e-mail melissa.hyer@saladoisd.org Location: Stagecoach Courts Minimum of 5 students to hold camp
<u>Tennis Camp 2</u> June 3 rd - 6 th Ages 11 & Up 9:00-10:00 am	Incoming 5 th - 12 th	\$50	Register with Coach Hyer For information call 947-6900 Ext 2075 or e-mail melissa.hyer@saladoisd.org Location: Stagecoach Courts Minimum of 5 students to hold camp
<u>Boys' Basketball Camp 1</u> June 3 rd -6 th 8:00am - 11:00am	Incoming 3 rd -6 th	\$50	Register with Coach Mann For information call 947-6900 Ext. 1301 or e-mail kenny.mann@saladoisd.org Location: SHS Gym
<u>Boys' Basketball Camp 2</u> June 3 rd -6 th 12:30pm-3:30pm	Incoming 7 th - 9 th	\$50	Register with Coach Mann For information call 947-6900 Ext. 1301 or e-mail kenny.mann@saladoisd.org Location: SHS Gym
<u>Boys' & Girls': Strength & Conditioning</u> June 9 th -July 10 th (Mon.-Thur.) 8:30am-9:45am	Incoming 9 th -12 th	\$50	Register@ Coach Cheatham's Office For information call 947-6977 or e-mail jeff.cheatham@saladoisd.org Location: SHS Track and Weight Room
<u>Girls' Basketball Camp 1</u> June 9 th - 12 th 9:00am-11:00am	Incoming 3 rd - 6 th	\$50	Register with any Girls' Coach For information call 947-6900 Ext. 1305 or e-mail cindy.mewhinney@saladoisd.org Location: SIS Gym
<u>Girls' Basketball Camp 2</u> June 9 th - 12 th 12:00pm-2:00pm	Incoming 7 th - 9 th	\$50	Register with any Girls' Coach For information call 947-6900 Ext. 1305 or e-mail cindy.mewhinney@saladoisd.org Location: SIS Gym
<u>No Short Cuts- Volleyball Camp</u> June 18 th &19 th 9am-12, & 1-4 pm	Incoming 10 th -12 th	\$90	Register with Coach Holz -Gonzales For information call 947-6900 Ext. 1304 or e-mail bree.holz-gonzales@saladoisd.org Location: SIS Gym
<u>Football Camp 1</u> July 14 th -17 th 8:30-10:30am	Incoming 3 rd - 6 th	\$50	Register with Coach Cheatham For information call 947-6977 or e-mail jeff.cheatham@saladoisd.org Location: SHS Football Field
<u>Football Camp 2</u> July 14 th -17 th 1:00pm-3:00pm	Incoming 7 th - 9 th	\$50	Register with Coach Cheatham For information call 947-6977 or e-mail jeff.cheatham@saladoisd.org Location: SHS Football Field
<u>Junior Cheerleader Camp</u> July 14 th -17 th 9:00am-12:00pm	Incoming K - 6 th	\$50	Register with Kimberly Boaz, Cheer Coach For information call 947-6900 Ext. 2211 or e-mail kimberly.boaz@saladoisd.org Location: TBA
<u>Volleyball Camp 1</u> July 28 th - July 31 st 9:00am - 12:00pm	Incoming 6 th , 7 th and 8 th	\$50	Register with Coach Holz-Gonzales For information call 947-6900 Ext. 1304 or e-mail bree.holz-gonzales@saladoisd.org Location: SIS Gym
<u>Volleyball Camp 2</u> July 28 th - July 31 st 1:30pm - 4:30pm	Incoming 9 th	\$50	Register with Coach Holz -Gonzales For information call 947-6900 Ext. 1304 or e-mail bree.holz-gonzales@saladoisd.org Location: SIS Gym

SALADO ATHLETIC CAMP REGISTRATION

Name: _____

DOB: ____/____/____ Grade this Fall: _____

Parent's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

Emergency Contact Person: _____

Emergency Contact Phone Number: () _____ - _____

Camp Title: _____

T-Shirt size: AS AM AL AXL AXXL Circle One [Adult sizes]

Waiver of Claims and Parental

RELEASE OF LIABILITY
STATE OF TEXAS
COUNTY OF BELL

I, _____, am the parent / guardian of _____, who will be allowed to participate in the Salado Athletic Camp Program above. I hereby release the Salado Athletics Program and each of its directors from any and all liability as a result of any injuries which may occur during my child's participation. I fully understand that as a parent / legal guardian, I am responsible for any medical expenses which may incurred as a result of any accidental injuries

Parent /LegalGuardian: _____ Date: _____

Medical History

(It is the **parents responsibility** to complete the below)

Is there a known history of:

Pre-existing injury currently under treatment	YES	NO
Media cal conditions currently under treatment	YES	NO
Allergy	YES	NO
Mental disorder	YES	NO
Birth Deformities	YES	NO
(one kidney) etc		
Contacts or glasses	YES	NO
Known past illness of more than one week's duration	YES	NO
Fractures or other disability injuries	YES	NO
Any health conditions warranting our attention	YES	NO

Explain any yes above:

Parent's signature: _____ Date: _____

3-2008

Return form and check to School Office
or mail to: SALADO ATHLETIC CAMPS PO Box 98 Salado, TX 76571
(may bring form first day of camp but prefer pre-registration)