



# SALADO

## 2009 SUMMER ATHLETIC CAMPS

<b><u>Boys' Basketball Camp 1</u></b> June 8 <sup>th</sup> – 11 <sup>th</sup> 8:00am – 11:00am	Incoming 3 <sup>rd</sup> – 6 <sup>th</sup>	\$50	Register with Coach Mann For information call 947-6900 Ext. 1301 or e-mail <a href="mailto:kenny.mann@saladoisd.org">kenny.mann@saladoisd.org</a> Location: SHS Gym
<b><u>Boys' Basketball Camp 2</u></b> June 8 <sup>th</sup> – 11 <sup>th</sup> 12:30pm-3:30pm	Incoming 7 <sup>th</sup> – 9 <sup>th</sup>	\$50	Register with Coach Mann For information call 947-6900 Ext. 1301 or e-mail <a href="mailto:kenny.mann@saladoisd.org">kenny.mann@saladoisd.org</a> Location: SHS Gym
<b><u>Tennis Camp 1</u></b> June 15 <sup>rd</sup> - 18 <sup>th</sup> Ages 5 – 10 yr. olds, 8:00-9:00am	Incoming K – 4 <sup>th</sup>	\$50	Register with Coach Hyer For information call 947-6900 Ext 2075 or e-mail <a href="mailto:melissa.hyer@saladoisd.org">melissa.hyer@saladoisd.org</a> Location: Stagecoach Courts Minimum of 5 students to hold camp
<b><u>Tennis Camp 2</u></b> June 15 <sup>rd</sup> - 18 <sup>th</sup> Ages 11 & Up - 9:00-10:00 am	Incoming 5 <sup>th</sup> – 12 <sup>th</sup>	\$50	Register with Coach Hyer For information call 947-6900 Ext 2075 or e-mail <a href="mailto:melissa.hyer@saladoisd.org">melissa.hyer@saladoisd.org</a> Location: Stagecoach Courts Minimum of 5 students to hold camp
<b><u>Boys' &amp; Girls': Strength &amp; Conditioning</u></b> June 15 <sup>th</sup> - July 16 <sup>th</sup> (Mon.-Thur.) 9:00am-10:30am	Incoming 9 <sup>th</sup> – 12 <sup>th</sup>	\$50	Register@ Coach Cheatham's Office For information call 947-6977 or e-mail <a href="mailto:jeff.cheatham@saladoisd.org">jeff.cheatham@saladoisd.org</a> Location: High School Wt. Room
<b><u>Softball Camp</u></b> June 29 <sup>th</sup> – July 2 <sup>nd</sup> 8:30am - 11:30pm	Incoming 3 <sup>rd</sup> – 6 <sup>th</sup>	\$50	Register with Coach Jackson For Information call 947 -6900 ext 1209 or e-mail <a href="mailto:samantha.jackson@saladoisd.org">samantha.jackson@saladoisd.org</a> Location: Softball Field
<b><u>Softball Camp</u></b> June 29 <sup>th</sup> – July 2 <sup>nd</sup> 1:00pm - 4:00pm	Incoming 7 <sup>th</sup> – 9 <sup>th</sup>	\$50	Register with Coach Jackson For Information call 947 -6900 ext 1209 or e-mail <a href="mailto:samantha.jackson@saladoisd.org">samantha.jackson@saladoisd.org</a> Location: Softball Field
<b><u>No Short Cuts- Volleyball Camp</u></b> July 8 <sup>th</sup> & 9 <sup>th</sup> 9am-12, & 1-4 pm	Incoming 10 <sup>th</sup> -12 <sup>th</sup>	\$100	Register with Coach Holz -Gonzales For information call 947-6900 Ext. 1304 or e-mail <a href="mailto:bree.holz-gonzales@saladoisd.org">bree.holz-gonzales@saladoisd.org</a> Location: SIS Gym
<b><u>Girls' Basketball Camp 1</u></b> July 13 <sup>th</sup> – 16 <sup>th</sup> 9:00am-11:00am	Incoming 3 <sup>rd</sup> – 6 <sup>th</sup>	\$50	Register with any Girls' Coach For information call 947-6900 Ext. 1305 or e-mail Location: SIS Gym <a href="mailto:cindy.mewhinney@saladoisd.org">cindy.mewhinney@saladoisd.org</a>
<b><u>Girls' Basketball Camp 2</u></b> July 13 <sup>th</sup> – 16 <sup>th</sup> 12:00pm-2:00pm	Incoming 7 <sup>th</sup> – 9 <sup>th</sup>	\$50	Register with any Girls' Coach For information call 947-6900 Ext. 1305 or e-mail Location: SIS Gym <a href="mailto:cindy.mewhinney@saladoisd.org">cindy.mewhinney@saladoisd.org</a>
<b><u>Football Camp 1</u></b> July 27 <sup>th</sup> - 30 <sup>th</sup> 8:30-10:30am	Incoming 3 <sup>rd</sup> – 6 <sup>th</sup>	\$50	Register with Coach Cheatham For information call 947-6977 or e-mail <a href="mailto:jeff.cheatham@saladoisd.org">jeff.cheatham@saladoisd.org</a> Location: SHS Football Field
<b><u>Football Camp 2</u></b> July 27 <sup>th</sup> - 30 <sup>th</sup> 1:00pm-3:00pm	Incoming 7 <sup>th</sup> – 9 <sup>th</sup>	\$50	Register with Coach Cheatham For information call 947-6977 or e-mail <a href="mailto:jeff.cheatham@saladoisd.org">jeff.cheatham@saladoisd.org</a> Location: SHS Football Field
<b><u>Volleyball Camp 1</u></b> July 27 <sup>h</sup> - July 30 <sup>st</sup> 9:00am - 12:00pm	Incoming 6 <sup>th</sup> , 7 <sup>th</sup> and 8 <sup>th</sup>	\$50	Register with Coach Holz-Gonzales For information call 947-6900 Ext. 1304 or e-mail <a href="mailto:bree.holz-gonzales@saladoisd.org">bree.holz-gonzales@saladoisd.org</a> Location: SHS Gym
<b><u>Volleyball Camp 2</u></b> July 27 <sup>th</sup> – July 30 <sup>st</sup> 1:30pm - 4:30pm	Incoming 9 <sup>th</sup>	\$50	Register with Coach Holz -Gonzales For information call 947-6900 Ext. 1304 or e-mail <a href="mailto:bree.holz-gonzales@saladoisd.org">bree.holz-gonzales@saladoisd.org</a> Location: SHS Gym
<b><u>Junior Cheerleader Camp</u></b> Aug 3 <sup>rd</sup> – 6 <sup>th</sup> 9:00am-12:00pm	Incoming K – 6 <sup>th</sup>	\$50	Register with Kimberly Boaz, Cheer Coach For information call 947-6900 Ext. 2211 or e-mail <a href="mailto:kimberly.boaz@saladoisd.org">kimberly.boaz@saladoisd.org</a> 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
Medical 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)**