2016 WCS Junior High Sports Camps

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\*\*Camps are open to all entering 6th-8th

Camp Highlights

* All participants who pre-register will receive a camp t-shirt
* Games and Scrimmages played daily
* Daily devotional
* Coaching and teaching provided by WCS coaches and older athletes
* Prizes and Awards given daily
* Snacks Provided

To register or for more information email [kallye.johnson@wichitachristian.com](mailto:kallye.johnson@wichitachristian.com)

Camp Dates and Times:

|  |  |  |
| --- | --- | --- |
| Basketball  June 18-20  9am-Noon  Pre-Registration- $50  Walk-up Registration- $60 | Football  July 9-11  8am-11am  Pre-Registration- $50  Walk-up Registration- $60 | Volleyball  July 9-11  1pm-4pm  Pre-Registration- $50  Walk-up Registration- $60 |

Registration: To enroll in camp, please email or turn in registration form to Coach Johnson or his box in the front office. Checks can be made out to Wichita Christian. Pre-registration ends 1 week before each camp starts.

Camper’s Name-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TShirt Size-\_\_\_\_\_\_\_\_Grade in Fall 2018-\_\_\_\_\_\_\_\_

Parent/Guardian’s Name- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Issues /Allergies-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (Besides one listed above) and Number-

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Mark which camp(s) your child will be attending- Basketball\_\_\_\_\_\_ Football\_\_\_\_\_\_\_ Volleyball\_\_\_\_\_\_\_

I agree to allow my student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in WCS JH sports camp and release Wichita Christian School and its workers from liability from any injury or illness suffered while participating in the camp.

Parent Signature-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_