

Titan Sports Camp Form

Camper's Name: _____

Parents' Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Grade: _____

Email: _____

School Attending: _____

Boys entering grades 4th – 9th Fall 2008

Enclosed is \$ _____ Make check payable to: *St. John's Jesuit High School*

Dates:

___ Basketball June 16-19 \$60

___ AM (7th - 9th)

___ PM (4th - 6th)

___ Basketball June 30-July 3 (5th - 9th) \$60

___ Baseball June 23-26 (5th - 9th) \$60

___ **New** Wrestling June 23-26 \$60 ___ 10 a.m. – Noon (4th - 6th) ___ 1:00 – 3:00 p.m. (7th - 9th)

___ Soccer July 7-10 (5th - 9th) \$60

___ Football July 14-17 (5th - 9th) \$60

___ Lacrosse July 21-24 (5th - 9th) \$60

___ **New** Track & Field June 9-12 (5th - 9th) \$60

___ Strength Training June 9-12 (5th - Up) \$60

___ **Specialty Football - Spread July 7-10 (7th - 9th) \$75**

___ **Specialty Basketball - Jump Shooting (6th - 9th) June 23-26 \$75**

ADULT Shirt Size: ___ SM ___ MED ___ LG ___ XL

Waiver MUST BE SIGNED to be admitted to a Sport Camp.

Waiver Form

I do hereby grant permission for _____, to participate in the St. John's Jesuit sports camp. He is physically fit according to our family physician.

Coaches working the camp will take precautions to insure the safety of our campers. It is, however, agreed by the parent or legal guardian that St. John's Jesuit and its coaches will not be liable for injuries sustained as a result of participation in the camp.

Date: _____

_____ (Camper's Name)

_____ (Signature of parent or guardian)

Limited space in all sessions

Return completed form to:

SJJ Summer Sports Camps

St. John's Jesuit High School

5901 Airport Highway

Toledo, Ohio 43615

For more information, call 419-865-5743.

