

St. Timothy's Sports Camp



Ages Offered: 8-14 years of age

When: 9 a.m.-3 p.m

Where: St Timothy's Youth Center

**Camp Fee: \$125 for 1 participant,
\$200 for 2 participants
\$275 for 3 Participants**

Plus one time \$25 Registration Fee Per Family

The Goal of our youth summer camps is to lay a foundation of individual and team skills for the development of today's young student-athletes in a Catholic environment. The camp will be conducted by Coaches & Staff. The coaches will cover individual skills (passing, dribbling, shooting, game strategy) as well as team concepts (offense, defense, and transition). There will be a multitude of skill training followed by fun and entertaining competition. The primary emphasis for this clinic is on building team concepts within each group of players. There will also be a variety of fun extracurricular activities as well as chapel time, arts and crafts, and more!

Please REGISTER by May 31st

For any questions or concerns please contact Jen Linder: jen.linder@sainttims.org

Register by dropping off or handing in the paid fee and completed forms to St. Timothy Catholic Church : 17512 Lakeshore Rd, Lutz FL 33558. Each participant must have a consent form and liability waiver. All checks payable to: St. Timothy Catholic Church.

St. Timothy Sports Camp Registration Form



Participant First Name: _____ **Last Name:** _____

Circle What Camps Participant Is Registering For:

Volleyball, June 5th-9th

Soccer July 10th-14th

Basketball July 17th-21st

Basketball July 24th-28th

Participant 2 First Name: _____ **Last Name:** _____

Circle What Camps Participant Is Registering For:

Volleyball, June 5th-9th

Soccer July 10th-14th

Basketball July 17th-21st

Basketball July 24th-28th

Participant 3 First Name: _____ **Last Name:** _____

Circle What Camps Participant Is Registering For:

Volleyball, June 5th-9th

Soccer July 10th-14th

Basketball July 17th-21st

Basketball July 24th-28th

Parent First Name: _____ **Last Name:** _____

Parent Email: _____ **Parent Phone #:** _____

CHARGE CARD OPTION: (all fields required)

First Name: _____ **Last Name:** _____

Cardholder Phone #: _____

Address: _____

City: _____ **Zip Code:** _____

Account Number
(xxx-xxx-xxx-xxx) _____ **Security Code** _____

Expiration _____

Signature of Card Holder _____

*By Signing this form, I am giving St. Timothy Catholic Church permission to charge the above account.

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Catholic Mutual. . . “CARES” ATHLETIC AND SPORTING EVENTS
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant’s Name: _____ Male or Female

Birth date:

Parent/Guardian’s Name:

Home Address:

Parent or guardian’s name & best phone #:

This activity will take place under the guidance and direction of school employees and/or volunteers from Saint Timothy Parish A brief description of the activity follows:

Type of event: Saint Timothy Summer Camp Location(s): St. John Paul II Youth Center/MTC 17524 Lakeshore Road Lutz, FL 33558 Individual in charge: Jen Linder - Duration of activity: 9 a.m.-3 p.m.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (“participant”).

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Saint Timothy Parish, its officers, directors and agents, and the Diocese of St Petersburg, coaches, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents, and the Diocese of St Petersburg , coaches, chaperons, or representatives associated with the activity for reasonable attorney’s fees and expenses arising in connection therewith.

Signature: _____

Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Signature: _____

Date: _____

Emergency Contact Name & relationship:

Family doctor:

Family Health Plan Carrier:

Policy #:

Other Medical Treatment: In the event it comes to the attention of the school, its officers, directors and agents, and the Diocese of St Petersburg , coaches, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____

Date: _____

Specific Medical Information: The school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.):

Immunizations:

Date of last tetanus/diphtheria immunization:

Does child have a medically prescribed diet?

Any physical limitations?

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition:

You should be aware of these special medical conditions of my child:

