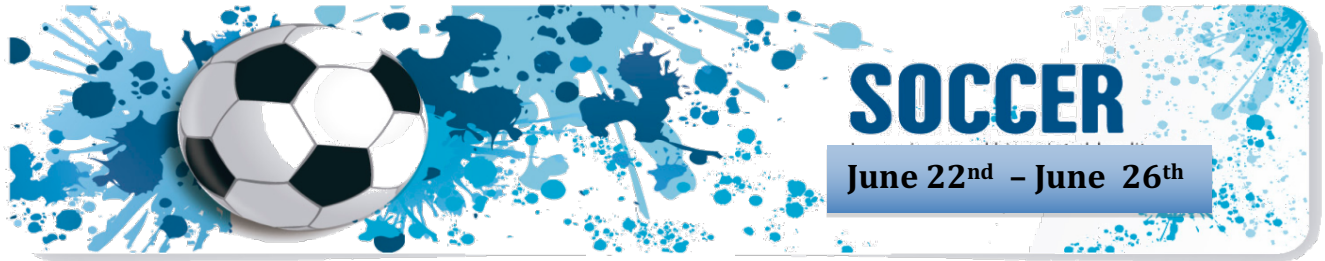


# St. Timothy Sports Camp



**SOCCER**

June 22<sup>nd</sup> - June 26<sup>th</sup>



**VOLLEYBALL**

July 13<sup>th</sup> - July 17<sup>th</sup>



**BASKETBALL**

July 27<sup>th</sup> - July 31<sup>st</sup>

**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 per camp**

**\$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 31<sup>st</sup>, 2020**

For any questions or concerns please contact Jen Linder: [jen.linder@sainttims.org](mailto:jen.linder@sainttims.org)

Register by dropping off or handing in the paid fee and completed forms to St. Timothy Catholic Church Attn: Sports Camp 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



**Parent First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Parent email:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Participant First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Circle what camp(s) Participant is registering for:**

Soccer: June 22<sup>nd</sup> – 26<sup>th</sup>      Volleyball: July 13<sup>th</sup> – 17<sup>th</sup>      Basketball: July 27<sup>th</sup> -31<sup>st</sup>

**Participant 2 First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Circle what camp(s) Participant is registering for:**

Soccer: June 22<sup>nd</sup> – 26<sup>th</sup>      Volleyball: July 13<sup>th</sup> – 17<sup>th</sup>      Basketball: July 27<sup>th</sup> -31<sup>st</sup>

**Participant 3 First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Circle what camp(s) Participant is registering for:**

Soccer: June 22<sup>nd</sup> – 26<sup>th</sup>      Volleyball: July 13<sup>th</sup> – 17<sup>th</sup>      Basketball: July 27<sup>th</sup> -31<sup>st</sup>

## 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.

**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.**

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

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Participant’s Name: \_\_\_\_\_ Male or Female

Birth date (for each child): \_\_\_\_\_

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 –

Contact person: Jen Linder, Justin Lantz, Lynda Chau - Duration of activity: 9 a.m.-3 p.m. Summer 2020

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 uptodate? Yes \_\_\_ No \_\_\_

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:

\_\_\_\_\_