

**GIRLS BASKETBALL**

**DATE: June 19-22  
PLACE: GARDNER GYM  
GRADES: Entering 3-8  
TIME: 10:00-11:30**

**SOFTBALL**

**DATE: June 12-15  
PLACE: WJHS FIELD  
GRADES: Entering K - 5  
TIME: 8:00-9:30  
GRADES: Entering 6-8  
TIME: 9:30-11:30**

**BASEBALL**

**DATE: July 10-13  
PLACE: WJHS FIELD  
GRADES: Entering 7-8  
TIME: 9:00 - 10:30**

**DATE: June 5-8  
PLACE: WJHS FIELD  
GRADES: Entering 4-6  
TIME: 9:00—10:30**

**RUNNING**

(See detailed flier for more information.)

**DATE: May 22-25  
PLACE: WJHS GYM  
GRADES: Entering 3-5  
TIME: 8:00—9:30  
GRADES: Entering 6-8  
TIME: 10:00—11:30**

**VOLLEYBALL**

(See detailed flier for more information.)

**DATE: June 26-29  
PLACE: WHS GYM  
GRADES: Entering 2-5  
TIME: 8:00—10:00  
GRADE: Entering 6-8  
TIME: 10:30—12:30**

**PLEASE NOTE:  
WATERLOO SPORTS AND  
ATHLETIC  
INSURANCE PROGRAM:  
THE BOARD OF EDUCATION  
OF DISTRICT #5  
ASSUMES NO LIABILITY  
FOR ACCIDENTS THAT  
MAY OCCUR.**

**RUNNING CAMP  
\$50.00**

**SOFTBALL CAMP  
\$50.00**

**BASEBALL CAMP  
\$50.00**

**GIRLS BASKETBALL  
\$50.00**

**All checks should be made out to:  
WATERLOO JR. HIGH**

**Please contact the Junior High  
Office with any questions.**

Return this portion with your check  
APPLICATION AND CONSENT FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PHONE: \_\_\_\_\_

CIRCLE THE CAMP(S) YOU WILL BE  
ATTENDING:

RUNNING

BASEBALL

GIRLS BASKETBALL

SOFTBALL

**For softball, basketball, and running camps  
only — please circle t-shirt size.  
(size cannot be guaranteed)**

Child Small    Child Medium

Child Large    Adult Small

Adult Medium    Adult Large

Adult X-Large

PARENT PERMISSION FORM:

I am aware that playing or practicing in any sport can be a dangerous activity involving many risks of injury. My son/daughter has my permission to participate in the camp(s) specified. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family. In the event of injury or accident, my son/daughter may receive immediate medical attention at the nearest hospital if that care is advisable.

\_\_\_\_\_  
(NAME OF ATHLETE)

\_\_\_\_\_  
(GRADE IN 2017-2018)

\_\_\_\_\_  
(DATE OF LAST PHYSICAL)

\_\_\_\_\_  
(FAMILY DOCTOR)

\_\_\_\_\_  
(HOSPITAL PREFERENCE)

\_\_\_\_\_  
(PARENT OR GUARDIAN SIGNATURE)

\_\_\_\_\_  
(EMERGENCY PHONE NUMBER)

# **Waterloo Jr. Bulldogs Sport Camps 2017**

