



Christ the King Sports Camp 2010

Directed by: Mike Higgs & Sandra Ronk – Christ the King P.E. Teachers
Christ the King Department of Athletics
 4100 Colgate
 Dallas, Texas 75225
 Ph. # (214) 365-1222 Fax # (214) 365-1224 e-mail mhiggs@cks.org
sronk@cks.org

Camp Dates

<u>Sessions</u>	<u>Dates</u>	<u>Times</u>
1	June 7-11	12:30 – 3:30
2	June 14-18	12:30 – 3:30
3	June 21-25	12:30 – 3:30

Activities

- Lacrosse
- Basketball
- Baseball
- Soccer
- Capture the Flag
- Flag Football
- Kickball
- Free Play
- Hockey

Cost
 \$100.00 per session
 or \$25.00 per day

Please make Checks Payable to:
Christ the King School

(Grouped according to age)

Please clip and return or Fax the bottom Enrollment / Registration Form to either the School Office or the School Athletic

Enrollment / Registration Form

Name: _____ Grade (Fall '10) _____

Parent / Guardian: _____

Work Phone: Mom _____ Dad _____

Emergency Contact: _____ Phone #: _____

Please check the session or sessions you wish to attend.

_____ Session (1) June 7-11 _____ Session (2) June 14-18 _____ Session (3) June 21-25

I the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Christ the King Sports Camp 2010 and the staff in charge. I hereby authorize the coaches of the Christ the King Sports Camp 2010 to act for me according to his/her judgment in any emergency requiring medical attention. I, the undersigned, understand that Christ the King School does not provide medical insurance covering injuries that might be incurred at the Christ the King Sports Camp 2010. I release discharge and/ or otherwise indemnify Christ the King School and the staff of the Christ the King Sports Camp 2010 from any and all claims resulting from the registrant's participation in the Sports Camp.

Name: _____
 Parent/Legal Guardian (please print)

Signature: _____