



WINTER ALL-SPORT CAMP

For Catholic School League Students

DEC. 28th - 30th

2 SESSIONS

Grades 1st - 3rd 9am - 12pm

Grades 4th - 6th 1pm - 4pm

All SPORT CAMP

Come have a BLAST making new friends and playing games like: *basketball, soccer, wiffle~ball, relay & obstacle races, flag football, volleyball, and much more!*

Our camp coaches have all been certified by the Catholic School League and are looking forward to 3 DAYS OF FUN!! All campers should wear comfortable play clothes & sneakers. No dress shoes, no dresses or skirts please. All campers should bring a healthy snack and water. Please, no sugary drinks.

SPACE IS LIMITED SO REGISTER EARLY TO SAVE A SPOT.
\$70 per child (\$65 each for multiple siblings)



REGISTRATION FORM

Make check payable to: CSL and mail to: 2428 Hollycreek Dr. / Santa Rosa, CA 95404
OR return form to St. Rose school office attn: ALL SPORT camp

PRINT

1. Camper Name: (F) _____ (L) _____ Grade _____

2. Camper Name: (F) _____ (L) _____ Grade _____

Camper(s) address: Street _____ City _____ / Zip _____

Select Camp Session: Dec. 28 - 30

Session 1 _____ 9am-12pm (Grades 1st - 3rd) OR Session 2 _____ 1pm - 4pm (Grades 4th - 6th)

PRINT Parent Name: (F) _____ (L) _____ Daytime Phone _____

PRINT Emergency Contact if other than parent:

Name: _____ Relationship to camper: _____ Phone _____

PARENTS, PLEASE READ AND SIGN BELOW

As the Parent/Guardian of the above named child, I understand that camp staff will attempt to provide reasonable supervision for our child. However, we understand that injuries can occur. These injuries can, on rare occasion, result in total disability, paralysis or death. In consideration for providing my child the opportunity to participate in this camp, we hereby release and save harmless the camp staff, St. Rose School and the North Bay CSL representative, from any liability for any injury that my child may sustain while participating at this sport camp.

Parent Signature _____ Date _____