

NORTH BAY CSL SUMMER SPORT CAMPS - 2010

Only \$65 per session if you register for more than one session!

The North Bay Catholic School Athletic League sponsors these affordable summer sport programs for CSL students and friends who want to have fun while learning and improving upon specific sport skills, in a fun, safe and positive environment.

Each of our programs will be filled with fundamental instruction, games and TONS OF FUN! Our Camp Directors and staff are part of the CSL family who look forward to some great fun with your kids.



❖ **\$75 per session-per child**

- ❖ Each weekly session is Monday thru Thursday, 9am – 12:00pm **AT ST. ROSE SCHOOL**
- ❖ **DISCOUNT:** \$65 per session-per child if signing up for more than 1 session OR if more than one sibling in family signing up for camp
- ❖ All camps are co-ed / Camp staff meet all certification criteria under supervision of League Director
- ❖ **Camp space is limited. Early registration is recommended** / Payment must be received with registration to reserve space
- ❖ **No refunds given for camper cancellations** / If camp session is cancelled by NB CSL for any reason all fees will be refunded
- ❖ Camp session dates are listed below
- ❖ NB CSL Contact: KC Paul 953-4044

CAMP DESCRIPTIONS

ALL SPORT Grades 1 – 3 **2 Sessions:** **AS1** June 28 – July 1 / **AS2** Aug 2 – 5
 While your child is having a BLAST playing games like; basketball, soccer, wiffle-ball, relay and obstacle races, flag football, tag games and more, they are also building balance, motor control, hand-eye coordination and agility while learning about teamwork and good sportsmanship. Activities will be held inside and outdoors.

ALL SPORT 3 Grades 4th – 6th **1 Session:** **AS3** July 12 – 15
 We're going to have a great time playing soccer, basketball, track and field events, hockey, badminton, flag football, races, games and tons of FUN! Activities will be held inside and outdoors.

BASKETBALL Grades 4th – 7th **2 Sessions:** **BB1** June 21 – 24 / **BB2** July 26 - 29
 Participants will be grouped based on age and ability, beginner to intermediate, and will work on improving and building a solid fundamental foundation thru skill progression drills, games and competitions. Everyone will be asked to work hard to achieve results while having a blast playing ball.

VOLLEYBALL Grades 5th – 8th **2 Sessions:** **VB1** July 19 – 22 / **VB2** August 9 – 12
 This camp will prepare CSL students for the upcoming volleyball season. Participants will be grouped by age and/or ability and will focus on serve development; overhand and under, passing, setting, and proper court etiquette. Come build a solid fundamental base while having a great time.

PRE-REGISTRATION IS REQUIRED. NO DROP INS.

Registration form must be on file for every child in attendance. Parent /Guardian information must be complete and Medical Release Waiver must be signed by parent/guardian for camper to be accepted into camp.

NB CSL SUMMER CAMP REGISTRATION FORM

Forms can be dropped off at St. Rose School office OR Mail completed form and payment to:
 NB CSL / 2428 Hollycreek Dr./ Santa Rosa, CA 95404

\$75 for single session – Discounts apply to multiple camp sign-ups or siblings

PLEASE PRINT CLEARLY

Camper Name F / L _____ Grade _____ Gender: M / F
 Circle camp selections: AS1 / AS2 / AS3 / BB1 / BB2 / VB1 / VB2 Amount Due and enclosed \$ _____
 (Discount: \$65 per session-per child applies if registering for more than one session or if siblings in family are registering for camp.)

Camper Name F / L _____ Grade _____ Gender: M / F
 Circle camp selections: AS1 / AS2 / AS3 / BB1 / BB2 / VB1 / VB2 Amount Due and enclosed \$ _____
 (Discount: \$65 per session-per child applies if registering for more than one session or if siblings in family are registering for camp.)

Parent / Guardian Information and Medical Waiver – PRINT CLEARLY

Parent / Guardian Name: First / Last _____ DAYTIME PHONE # _____
 Home Address: _____ City _____ Zip _____
 Home Phone # _____ Email address _____

Emergency Contact: First / Last _____
 Relationship to camper: _____ DAYTIME PHONE # _____

MEDICAL RELEASE MUST BE READ AND SIGNED BELOW BY PARENT/GUARDIAN

As the Parent/Guardian of the above name child(ren), I understand that camp staff will attempt to provide reasonable supervision for my child. I understand that injuries can occur. In consideration for providing my child the opportunity to participate in these programs, I hereby release and save harmless the camp staff, St. Rose School, and the North Bay CSL representatives from any liability for any injury that my child may sustain while participating in camp. I understand that a reasonable attempt will be made to contact me if my child was injured, and I hereby grant permission to the camp staff to seek emergency medical help, at my expense, if my child were to be injured.

SIGNATURE _____ DATE _____