

John Carroll Catholic High School 2013 SUMMER SPORTS CAMPS

John Carroll is excited once again to provide a variety of sports camps for young athletes in the area. Each student-athlete will have an opportunity to work with JCHS coaching staff and current players, as well as other coaching professionals who will add to this positive experience. Additionally, each camper will receive a tee shirt and gym sack. For more information, please email the Athletic Director, Steve Ripley at sripley@johncarrollhigh.com, call (772)464-5200, visit www.JohnCarrollHigh.com, or JCHS's Facebook page.

Date	Sport	Grades	Times	Cost
June 3-6	Soccer Girls'/Boys' I	4 th to 12 th	9 am-noon	\$85
June 10-13	Baseball/Softball I	4 th to 7 th	9 am-1:30pm	\$85
June 17-20	Basketball Boys'/Girls	3 rd to 8 th	9 am-noon	\$85
		9 th to 12 th	1-4 pm	\$85
June 17-20	Baseball/Softball II	4 th to 7 th	9 am-1:30pm	\$85
June 24-27	Softball	4 th to 12 th	9 am-1 pm	\$85
June 24-27	Baseball/Softball III	4 th to 7 th	9 am-1:30pm	\$85
July 8-11	Cheerleading	5 th to Incoming 9 th	9 am-1 pm	\$85
July 8-11	Baseball/Softball IV	4 th to 7 th	9 am-1:30pm	\$85
July 8-11	Track Camp	4 th to Incoming 12 th	9 am-noon	\$50
July 22-26	Volleyball	K to 6 th	9 am-noon	\$100
		7 th to 8 th /9 th to 12 th	1:30-4:30 pm	\$100
July 22-25	Baseball/Softball V	4 th to 7 th Grade	9am-1:30pm	\$85
July 22-25	Football	4 th to Incoming 9 th	12-3 pm	\$85
July 29-August 1	Lacrosse Girls'/Boys'	4 th to 12 th	9 am-noon	\$85
July 29-August 1	Baseball/Softball VI	4 th to 7 th	9 am - 1:30pm	\$85
August 12-15	Soccer II	4 th to 12 th	9 am-noon	\$85

John Carroll Catholic High School-Summer Sports Camps Registration Form (Please check the camp(s) you are interested in attending)

June 3-6 Soccer I ____ June 10-13 Girls' Basketball ____ June 17-20 Boys' Basketball ____

June 24-27 Softball ____ July 8-11 Cheerleading ____ July 22-26 Volleyball ____

July 22-25 Football ____ July 29-Aug 1 Lacrosse ____ Aug. 13-16 Soccer II ____

Starting the week of June 3rd Baseball/Softball Wk I __ II __ III __ IV __ V __ VI __

Name of Student: _____ Grade: _____ Shirt Size: _____

Mailing Address: _____ City: _____ Zip: _____

Parent's/Guardian's Printed Name: _____ Home Phone: _____

Emergency Day Phone: _____ Contact Person: _____

We (parent/guardian) agree to provide medical insurance for our child during camp. In the absence of such insurance, we relinquish any claims for compensation insofar as JCHS and its employees are concerned, and understand the inherent risk of physical injury in summer sports camp participation.

Parent/Guardian Signature: _____ Date: _____

Send your registration form to:

John Carroll Summer Sports Camps
3402 Delaware Ave.
Fort Pierce, FL 34947

Please make checks payable to: John Carroll High School