

BERTHOUD HIGH YOUTH CAMPS

Summer 2017

Flag Football Camp May 30-June 2 3rd-6th Graders 8:30-11:30 @ BHS	Basketball Camp June 5-8 3rd-5th Graders 8:30-11:30 @ BHS 6th-8th Graders 12:30-3:30 @ BHS	Volleyball Camp June 12-15 4th-5th Graders 8:30-11:30 @ BHS 6th-8th Graders 12:30-3:30 @ BHS
Track Camp May 30-June 2 6th-8th Graders 8:30-11:30 @ BHS 3rd-5th Graders 12:30-3:30 @ BHS	Soccer Camp June 5-8 3rd-6th Graders 12:30-3:30 @ BHS	Cooking Camp June 12-15 3rd-8th Graders 8:30-11:30 @ BHS 3rd-8th Graders 12:30-3:30 @ BHS

\$75 Per Camp / All camps are for boys and girls / All grades are for the 17-18 school year.

Each camper who registers before the deadline will receive a T-shirt.

Registration Deadline May 15

For more information or questions please email or call pete.scheck@thompsonschoools.org 613-7704

A copy of this flier can be found at berthoudhighschool.com

Detach and Return to: (Mail In or Drop Off) BHS Athletics 850 Spartan Avenue Berthoud, Colorado 80513 Name _____ Grade _____ Phone # _____ E-mail _____ Parent Name _____ T-shirt size Youth M _____ L _____ Adult S _____ M _____ L _____ XL _____	I will attend the following camps. (Please Check) <u>Track Camp May 30-June 2</u> 3rd-5th Grade _____ 6th-8th Grade _____ <u>Flag Football Camp May 30-June 2</u> 3rd-5th Grade _____ <u>Basketball Camp June 5-8</u> 3rd-5th Grade _____ 6th-8th Grade _____ <u>Soccer Camp June 5-8</u> 3rd-6th Grade _____ <u>Volleyball Camp June 12-15</u> 4th-5th Grade _____ 6th-8th Grade _____ <u>Cooking Camp June 12-15 (Limit 28 per Session)</u> 8:30-11:30 _____ 12:30-3:30 _____ # of Camps _____ X \$75 = _____ Make Checks Payable to BHS Athletics
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Waiver

I hereby release Thompson R2-J School District, Berthoud High School, and all coaches and or staff members from all liability, from any injury or illness that may result from my child's participation in camp. I certify that my child is in good health and can participate in all camp activities. In the event that I cannot be reached in a medical emergency, I hereby grant permission of the camp directors to act on my behalf in case of a medical emergency. I understand that Berthoud High Youth Camps do not provide camp medical insurance and that I am responsible for all medical expenses.

My insurance company is _____ Policy # _____

Parent Signature _____