

Holy Spirit Catholic School 2017 Athletic Camps

770 W Ramsey • San Antonio, TX 78216 • 210-349-1169

Please fill out one registration form per child

Student Name _____ Phone _____

Incoming Grade (2017 – 2018) School Year _____

JUNE 19 –23	GRADE	TIME	PRICE	SELECT CAMP
Football - Middle School	Incoming 5th- 8th	6:00 - 8:30 pm	\$ 100	
AUGUST 14 - 17				
Volleyball - Middle School	Incoming 5th– 8 th	5:00 - 7:00 pm	\$ 80	
Coed Soccer-Middle School	Incoming 5th - 8th	4:30 - 6:00 pm	\$ 80	

Parent/Guardian _____

Daytime Phone _____ Cell Phone _____

Email _____

EMERGENCY AND HEALTH INFORMATION:

Children that need to receive medication during camp time need to have Medication Permission Form filled out (This includes Epi pens).

Allergies: (Food, drug, insect, etc.) _____

May your child be treated by school personnel for minor injuries? () Yes () No

Alternate Emergency Name _____ Phone _____

If an emergency arises, the school will contact the student's mother or father. In the event of an extreme emergency, 911 will be activated, and the student's parents will be notified.

Parent Signature _____

PLEASE RETURN YOUR FORM AND MONEY TO HOLY SPIRIT ATHLETICS