



# Shelby County Schools

## Sports & Awareness Camps



### Camp Information

#### Registration

Takes place from 8:00 - 8:30 a.m. on the Monday and Tuesday of each camp.

#### Dress Code

Shorts, T-Shirts, socks and sports appropriate shoes.

#### Weekly Schedule

Camp begins Monday after registration. Camp begins daily at 8:00 am and ends at 1:00 pm.

#### Purpose & Objective

The primary objective of the camps is fundamental instruction for boys and girls in the basics of basketball, football, soccer, volleyball, cheer, and golf.

The staff strive to motivate each participant to realize his/her full potential.

#### Eligibility

All boys and girls the ages 8 through 18 or graduating seniors are eligible.

### Camp Features

- Outstanding staff featuring various Mid-South high school coaches and collegiate players
- Fundamental training in all aspects of the game
- Team competition based on age and skill levels
- Low camper to staff ratio
- Daily lectures from guest speakers on life skills and education
- Camp T-Shirt
- Report Card
- Snacks and concessions

### Awards

Each Friday the final camp activity is an award's ceremony. Participants receive a camp T-shirt, a certificate of participation, a report card, and additional awards when applicable.

### SOCCER CAMP

**JUNE 3 - 7, 2019**  
*Crump Stadium*

### FOOTBALL CAMPS

**MAY 28 - 31, 2019**  
*Whitehaven Stadium*

**JUNE 3 - 7, 2019**  
*Cordova Stadium*

### BASKETBALL CAMPS

**JUNE 10 - 14, 2019**  
*Southwind High School*

**JULY 15 - 19, 2019**  
*SCIAA - Airways Middle School*

**JULY 29 - AUGUST 2, 2019**  
*Mitchell High School*  
(*Thad Young Basketball Camp*)

**JUNE 17 - 21, 2019**  
*Trezevant High School*

**JULY 22 - 26, 2019**  
*Kirby High School*

### GOLF CAMP

**JULY 1 - 6, 2019 (No camp July 4)**  
*Links of Whitehaven Golf Course*

### CHEER CAMP

**JUNE 10 - 14, 2019**  
*SCIAA - Airways Middle School*

### VOLLEYBALL CAMP

**JULY 8 - 12, 2019**  
*White Station High School*

**There is no fee for this camp. It is free for all participants.**  
**Please bring the completed Registration Sheet on back to first day of each camp.**

## Shelby Metro-SCIAA/Shelby County Schools Sports and Awareness Program Application

**Please print and answer all questions**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_

Grade entering August 2019 \_\_\_\_\_

Parent/Guardian Name(M) \_\_\_\_\_ (F) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_

Contact # \_\_\_\_\_

Name \_\_\_\_\_

Contact # \_\_\_\_\_

### Dismissal Procedure

NO ONE WILL BE PERMITTED TO PICK UP YOUR CHILD IF THEIR NAME IS NOT LISTED ON THIS FORM. ALL PERSONS MUST HAVE AND SHOW THEIR PHOTO ID. MAKE SURE YOU LIST ALL ADULTS EVEN IF YOU RESIDE IN THE SAME HOUSEHOLD.

### ENROLLMENT AGREEMENT

I understand it is my responsibility to bring and special conditions about my child to the attention of the **Shelby Metro-SCIAA Camp Program** Staff. I give permission to the Shelby Metro-SCIAA Camp Program to have, use, publish and reproduce photographs, slides and/or video of my child for its records, public relations or marketing.

I grant permission for my child to participate in all **Shelby Metro-SCIAA Sports and Awareness Camp Program** organized activities including special activities and events.

I understand and accept the program policy concerning registration and the terms enrolling.

I certify that the above named child on this registration is physically and mentally prepared to participate in all **Shelby Metro-SCIAA Sports and Awareness Camp Program**.

I understand the Camp Director reserves the right to dismiss a camp participant when the camper's behavior in his/her judgement, interferes with the rights of others, violates the camp's principles of conduct or poses a safety threat to other campers or staff.

### Hold Harmless Statement

I consent to **Shelby Metro-SCIAA Sports Camps** – with the understanding that my child (above name) can be relied on to follow instructions and that my child will be respectful with supervisors/chaperones.

I further understand that the school has fulfilled its obligation for sports programs insurance and that the **Shelby Metro-SCIAA Sports Camps** – does not or may not carry insurance relative to **Shelby Metro-SCIAA Sports Camps** – for the students. I maintain that my child has insurance, through my own insurance carrier.

I fully recognize that **Shelby Metro-SCIAA Sports Camps** – involves an element of risk and I assume all risks and hazards incidental to my child's participation. I do hereby release, absolve, indemnify and agree to hold harmless the **Shelby Metro-SCIAA Sports Camp**, its agents, employees and officers and the field trip supervisor/chaperones from any loss, liability, damage or costs, including court costs and attorney fees, resulting from my child's participation in **Shelby Metro-SCIAA Sports Camps**.

I consent to the conditions stated above. I request that my child be allowed to participate in **Shelby Metro-SCIAA Sports Camp** and I specifically consent to his or her participation. If any emergency medical procedures or treatment are required during **Shelby Metro-SCIAA Sports Camp**, I consent to supervisors/chaperones taking, arranging for or consenting to the procedure or treatment at their discretion.

**Parent/Guardian**

Signature \_\_\_\_\_ Date \_\_\_\_\_