

South Lakes High School ALL SPORTS CAMP

For Boys & Girls Ages 6 – 12 or students in elementary school
In cooperation with South Lakes Booster Club – www.SeahawkBoosters.com

For more information, call Darryl Branch at 703 507-2355
darryl.branch@fcps.edu

Dates & Location: June 29th – July 2nd Special time 8:30am – 4:30pm No 4th of July Camp
July 27th – July 31st
All camps held at South Lakes High School

Hours & Fees: 8:30 am – 3:30 pm \$110.00 (fee must accompany registration)

Director: Darryl Branch South Lakes Varsity Boys' Basketball Coach

Activities: A variety of sports will be offered including baseball, basketball, soccer, flag football, floor hockey, whiffleball, tennis, capture the flag, mission impossible, pin dodge, and track and field.

Refreshments/Lunch: Drinks will be sold during breaks and lunch for 75¢. Each camper may bring his/her lunch or purchase pizza or Chick-fil-a at camp. Orders and money will be collected each morning at the food table.

Sign up early limited space available
You will be notified once we have received your registration.

(Please cut along dotted line)

CAMPER'S NAME:		Grade (Fall 10)	DATE OF BIRTH:	
STREET ADDRESS:			PARENT CONTACT NAME:	
CITY & STATE:		ZIP:	EMAIL:	
HOME #	WORK #		CELL #	
EMER CONTACT NAME:	PHONE #		RELATIONSHIP TO CAMPER:	
NAME OF FAMILY PHYSICIAN:			PHONE NO:	
NAME OF MEDICAL INSURANCE COMPANY:			POLICY NO:	

MAKE CHECKS PAYABLE TO: South Lakes Booster Club or register online at www.SeahawkBoosters.com

Return to: South Lakes Booster Club 11400 South Lakes Drive Reston, VA 20191
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**PLEASE READ AND SIGN:
Medical Consent Form**

I hereby state that my child is in good normal health, and has my permission to participate in all activities. In addition, I authorize the South Lakes ALL SPORTS Staff to act for me in securing medical treatment for my child in the event of injury or sickness. A registration requires that a parent/guardian sign below to agree that in case of an accident involving their child while attending South Lakes ALL SPORTS they release the Camp, Sponsor, Counselors and Director from any and all liability.

PARENT'S SIGNATURE:	DATE:
PRINT NAME OF PERSON SIGNING:	