

Racine Lutheran Summer Athletic Camps

Grade levels are based on 2017-18 school year

Volleyball Camp

Grades 9-12 June 11 3-7, June 12-13 4-6, June 14 3-5 \$50

Grades 7-8 (co-ed) June 12-15 1-3 pm \$40

Grades 4-6 (co-ed) June 12-15 10am-noon \$40

Girls Basketball Camp

Grades 4-6 June 19-23 10am-noon \$50

Grades 7-9 June 19-23 12:30-2:30 \$50

To Register: Complete waiver on back, and make checks payable to RLHS.

Paypal option: Login to your PayPal account and send payment to paypal@racinelutheran.org.

Also being held at RLHS:

Alex Scales "A Star is Born" Boys Basketball Camp

Grades 2-7 June 26-30 10am-12:30pm \$65

Grades 8-12 June 26-30 1-3 pm \$65

For registration and payment go to:

<https://squareup.com/store/wings-skills-academy?t=merchant-tw>

Information: wingskillsacademy@gmail.com



Summer 2017

2017 Racine Lutheran Summer Camps

Registration & Medical Waiver

Name _____

Address _____
City State Zip

Email (to be used only for contact purposes) _____

Phone _____ Age _____ Going into grade _____

My son/daughter has permission to participate in the summer camp. We are aware of the inherent risks and hazards of the program and by signing we certify that we are cognizant of those risks. We hereby authorize the staff of the RLHS camp to act on our behalf according to their best judgment in any emergency requiring medical attention and I hereby waive and release Racine Lutheran High School, its employees, and agents from any injuries and illnesses incurred while at camp. I have no knowledge of any physical impairment that would be affected by the camper's participation in the camp program. In the event of an injury, I grant permission for my son/daughter to be given immediate emergency care by an emergency physician. I will be responsible for any medical cost or other charges in connection with my son's/daughter's attendance at this camp.

Please note any medical conditions that we should be aware of: _____

Child is covered by _____
(Insurance Company) (Policy number)

Parent Name _____

Parent Signature _____ Date _____

Please indicate below the program(s) the student will be attending:

T-shirt size: YS YM YL AS AM AL AXL

Return form to— Racine Lutheran High School
251 Luedtke Avenue
Racine, WI 53405