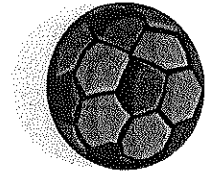


Community Unit School District 303



2017
Thompson/Haines
Middle Schools
Summer Athletic Camps

Dear Parents,

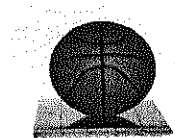
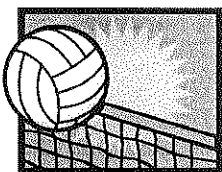
As you know, summer is just around the corner and we are busy planning our summer athletic camps. Our camps will offer a variety of opportunities for students to improve their skills and have fun in five different sports! All summer athletic camps will be facilitated by the District 303 coaches. Students will participate in a variety of skill-building activities and will be introduced to the same plays and philosophies that they will use when participating in middle school athletics. The philosophy of our camps is simple: Have fun, improve skills, and learn good sportsmanship!

*Online Check, Credit Card, and Debit Card payments now being accepted.
Please visit d303.org and click on the PushCoin Web Store
<https://store.d303.org>*

Thompson/Haines Middle Schools
St. Charles, Illinois 60174

Steve Morrill, Principal
Alicia Honnert, Assistant Principal
Kristina McKnight, Assistant Principal

For additional information contact:
Thompson or Haines Athletic Directors
Chris Wilke and Andy Cusack



**Community Unit School District 303
2017
Thompson/Haines Middle School
Summer Athletic Camp Schedule**

**Price of each camp will be \$70.00 per child. The cost of the camp will include a T-shirt!
Don't miss this opportunity to have fun and learn from the middle school coaches!**

Note: Grade level determined by grade student will be as of September 2017

	Days:	Time:	Dates:	Meeting Place:
Boys and Girls Basketball:				
5-6 th grade boys	M-F	8:00-10:00am	July 10-14	Gym
7 th grade boys	M-F	10:00-12:00pm	July 10-14	Gym
8 th grade boys	M-F	12:30-2:30pm	July 10-14	Gym
5-8 th grade girls	M-F	2:30-4:30pm	July 10-14	Gym
Cheerleading:				
6-8 th grade	M-F	2:00-4:00 pm	August 7-11	Cafeteria
Girls Volleyball:				
4-6 th grade	M-F	8:00-10:00am	August 7-11	Gym
7 th grade	M-F	10:00-12:00pm	August 7-11	Gym
8 th grade	M-F	12:00-2:00pm	August 7-11	Gym
Boys Football:				
6-8 th grade	M-F	8:00-10:00am	August 7-11	MS Fields
Boys and Girls Cross Country:				
6-8 th grade	M-F	8:00-9:30am	August 7-11	MS Fields

Please complete and turn in the emergency form and the registration form located on the next two pages at least a week before the start of the specific camp (if you miss the deadline please email the coach directly to see if there are still openings for the camp).

If a refund is necessary it must be requested within 30 days of the camp.

Community Unit School District 303

Registration Form

Please complete and return this registration form along with the emergency information form.

New This Year – Electronic Check Payments Now Being Accepted!
Enjoy quick and easy secure online registration using a checking or savings account!

Student Name: _____ Grade Level Fall 2017: _____

Sport 1: _____ Dates: _____ Time: _____

Sport 2: _____ Dates: _____ Time: _____

Sport 3: _____ Dates: _____ Time: _____

T-shirt Size (Circle One): Adult S Adult M Adult L Adult XL

Camp Fee: \$ _____ (\$70.00 per camp)

Amount Enclosed: \$ _____

Make checks payable to Thompson/Haines Summer Athletic Camps.

**Return to Thompson or Haines Middle Schools
Attention: Summer Camp
331-228-3100 or 331-228-3400**

Refund Policy

- There is a \$25 processing fee for refunds.
- No refunds will be given after the second day of camp.
- A full refund will be issued if class is cancelled due to lack of enrollment or there is a documented illness or injury.
- There are no partial refunds or credits for absences.

Community Unit School District 303

Emergency Information

Please include the following information so that your son/daughter may receive proper care in the event of an injury/emergency:

Student Name: _____

Birth Date: _____

Parent/Guardian: _____

Student ID #: _____

Address: _____

Home Phone: _____

City: _____

Cell Phone: _____

Email Address: _____

Work Phone: _____

Family Physician: _____

Address: _____

Phone: _____

Please List:

Medical Condition(s): _____

Medications Taken & Why: _____

Allergies: _____

Please Note: There will not be a nurse on site during the summer camps. Medications will not be administered during the summer camp hours.

Emergency Contact (if parents cannot be reached):

Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Insurance Coverage/Medical Release:

I realize that my son/daughter must be covered by our family accident/health insurance coverage for all treatment expenses. I/we give permission for the above named student to participate in organized activities, realizing that such activity involves the potential for injury which is inherent in all sports.

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____

Concussion Protocol:

I agree to abide by all conduct rules and will behave in a sportsmanlike manner. I agree to follow the coach's instructions, playing techniques, and training schedule as well as all safety rules.

I understand that Board policy 7:305, Student Athlete Concussions and Head Injuries, requires, among other things, that a student-athlete who exhibits signs, symptoms, or behaviors consistent with a concussion or head injury must be removed from practice or competition at that time and that the student will not be allowed to return to play or practice until he or she has successfully completed return-to-play and return-to-learn protocols, including having been cleared to return by the treating physician licensed to practice medicine in all its branches or a certified athletic trainer under the supervision of a physician.

Parent Signature: _____

Date: _____