

*Camp runs the week  
between school and  
camp Carmel!*

**Exciting Activities:**

**\*bowling**

**\*miniature golf**

**\*other exciting field  
trips**

**Cost: \$200**

**(extended care for  
the**

**week requires an  
additional fee of \$40)**



# MOUNT CARMEL SPORTS CAMP

Mon. June 18  
Through  
Fri. June 22  
2018



**Who:** Sports Camp is for students entering grades K through 8. Sports Camp is run by the Mt. Carmel High School athletic department and a certified athletic trainer will be on-site.

**Where:** Mt. Carmel Schools newly air-conditioned gymnasium and field.

**When:** Monday, June 18 through Friday, June 22  
Camp starts at 8:30 a.m. with extended care available beginning at 7:45 and ends at 4 with extended care until 5:00. No Extended Care on Friday afternoon.

**Cost:** \$200 per student  
\$ 40 extended care fee

\*AOB employee rate applies  
\*Multi-child discount available

**Why:** Camp focuses on teaching the rules and basic skills needed to play various games and sports in a fun, non-competitive atmosphere. All abilities are welcome!

| <b>A Typical Day</b> |                                                      |
|----------------------|------------------------------------------------------|
| 7:45—8:30:           | Extended Care                                        |
| 8:30-8:45            | Arrival, attendance, warm-up                         |
| 8:45-9:00            | Stretching                                           |
| 9:00-9:30            | Group 1: outdoor soccer<br>Group 2: basketball       |
| 9:30-9:45            | Water break/snack                                    |
| 9:45-10:45           | Group 1: basketball<br>Group 2: outdoor soccer       |
| 10:45-11:00          | Water break                                          |
| 11:00-12:00          | Group 1: softball/baseball<br>Group 2: indoor soccer |
| 12:00-1:00           | Lunch (table tennis, fooseball, air hockey)          |
| 1:00-2:00            | Group 1: indoor soccer<br>Group 2: softball/baseball |
| 2:00-2:45            | Phys. Ed games                                       |
| 2:45-3:00            | Water break/snack                                    |
| 3:00-4:00            | Group 1: lacrosse<br>Group 2: flag football          |
| 4:00-5:00            | Extended care                                        |

### Lunch

Students may bring their lunch or purchase lunch at school. (Details such as menu and cost will be available later.)

### Camp Highlights

- ☞ Camp T-shirt provided
- ☞ Snacks and refreshments sold
- ☞ Spend time in and outdoors
- ☞ Experienced teachers, coaches, and athletes serve as the staff

**Please reply as soon as possible—spaces are limited!**

Please fill out and return the attached form to the elementary school office marked ATTENTION ATHLETIC DEPT.

For questions call Mike Naunton: 410-238-1176

Student's Name: \_\_\_\_\_ Current Grade \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
 In case of emergency contact: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Person other than parent to contact in case of emergency or if student needs to be dismissed because of illness: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 During the course of camp it may be necessary to administer first aid, or obtain emergency care for the student. Please sign below to authorize first aid treatment or the calling of an ambulance. (Parent/guardian will be notified immediately.)  
 Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note on a separate sheet of paper any medical history the camp would need to be aware of. I hereby acknowledge that my son/daughter will take part in sports camp. I understand that athletics involves physical contact and the proper use of equipment and/or facilities, and the teaching and use of proper techniques does not prevent the possibility of physical injury to participants. I also give my consent for medical care prescribed by a duly licensed doctor of medicine, or other medical facility or provider, for my child in the event of injury or illness during the course of sports camp. This medical care may be given under whatever conditions may exist to preserve the life, limb, or well-being of my child. Acknowledging the above, I state my child has my permission to play at sports camp and to engage in activities related to sports. I also absolve Mt. Carmel Schools; it's employees, coaches and counselors from liability for any injuries sustained by my student as a result of participation, unless the injury is caused by gross negligence.

Parent Signature: \_\_\_\_\_ enclosed is a check for \$200  
 \_\_\_\_\_ enclosed is a check for \$240