

**Black River Sports Camps - 2019**  
Registration Form

Student's Name: \_\_\_\_\_ Grade Entering \_\_\_\_\_ Age \_\_\_\_\_

Please:

1. Check boxes of all camps attending, **AND**
2. Circle the appropriate price, based on the date of application.

Submitted by:	May 3	June 7	Day-of(after June 7)
<input type="checkbox"/> High School Soccer- Girls & Boys	\$70	\$75	\$80
<input type="checkbox"/> High School Girls Volleyball Camp	\$50	\$55	\$60
<input type="checkbox"/> Yoga for Athletes (6 <sup>th</sup> -12 <sup>th</sup> )	\$60	\$65	\$70
<input type="checkbox"/> R.A.M.P. Up Mathematics HS	\$50	\$55	\$60
<input type="checkbox"/> Middle School Soccer- Girls & Boys	\$60	\$65	\$70
<input type="checkbox"/> Middle School Girls Volleyball Camp	\$40	\$45	\$50
<input type="checkbox"/> Middle School Boys Basketball Camp	\$50	\$55	\$60
<input type="checkbox"/> Middle School Girls Basketball Camp	\$50	\$55	\$60
<input type="checkbox"/> R.A.M.P. Up Mathematics MS	\$50	\$55	\$60
<input type="checkbox"/> 3 <sup>rd</sup> /4 <sup>th</sup> /5 <sup>th</sup> Girls Volleyball Camp	\$25	\$30	\$35
<input type="checkbox"/> 1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> Grades Basketball Camp	\$40	\$45	\$50
<input type="checkbox"/> 4 <sup>th</sup> /5 <sup>th</sup> Grades Basketball Camp	\$40	\$45	\$50
<input type="checkbox"/> Elementary Sports Camp- Session #1	\$40	\$45	\$50
<input type="checkbox"/> Champions UNIFY	\$40	\$45	\$50
<input type="checkbox"/> Outdoor Discovery Camp	\$75	\$85	\$95
<input type="checkbox"/> Elementary Gardening Club	\$75	\$85	\$95
<input type="checkbox"/> Elementary Sports Camp- Session #2	\$40	\$45	\$50
<input type="checkbox"/> Evidence Based Literacy Instruction (EBLI)- June 17-20 - K-2 <sup>nd</sup> Grade			\$35
			June 24-27 - 3 <sup>rd</sup> -5 <sup>th</sup> Grade
			\$35
			Aug. 5-8 - K-2 <sup>nd</sup> Grade
			\$35
			Aug. 12-15 - 3 <sup>rd</sup> -5 <sup>th</sup> Grade
			\$35
<input type="checkbox"/> Lunch Time Supervision- 12:00-1:00pm	July 8-11		\$25
	July 15-18		\$25
	July 22-25		\$25
	July 29- Aug 1		\$25

Total Cost: \_\_\_\_\_

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**Contact Information:**

Parent's Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone/Home phone: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize my son/daughter to participate in the BRPS Sports Camps. I waive and release the clinic, instructors, and Black River Public School of all liability while at the camp.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_