

**Dates/Times:** June 5<sup>th</sup> – 8<sup>th</sup> 1:30 pm – 4:30 pm

**Meet at Lawn Lanes**  
**(Transportation NOT provided)**

**Location:** Lawn Lanes  
6750 South Putaski, Chicago

**Cost:** \$85.00

**Check (per sport) payable to Reavis High School**

**Who:** Boys/Girls  
6<sup>th</sup> through 12<sup>th</sup> Grade

**What to bring:** Bowling Equipment is available NOT Necessary

**Information:** Coach Kathryn Ryan (773) 484-8809

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Grade (next fall)** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Parent/Guardian Permission Form**

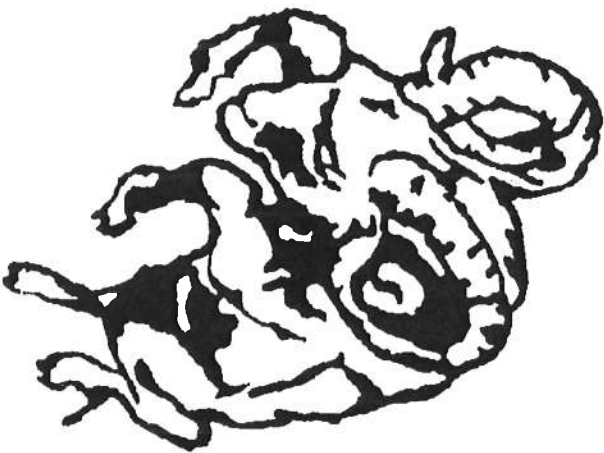
The applicant is in good health and has my permission to participate in Reavis High School's Summer Camp. I hereby release Reavis High School and the camp directors/instructors of all liability for any injury incurred by my son/daughter while participating in this summer camp.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Emergency Phone** \_\_\_\_\_

**REAVIS HIGH SCHOOL**  
**SPORTS CAMP/LEAGUE**

**Summer 2017**



- Boys' Baseball Camp*
- Boys' Soccer Camp*
- Boys' Baseball League*
- Boys' Soccer League*
- Boys' Basketball Camp*
- Girls' Softball Pitchers Camp*
- Girls' Basketball Camp*
- Boys' Girls' Bowling Camp*
- Boys' Girls' Swimming Camp*
- Boys' Football Camp*
- Boys' Volleyball Camp*
- Boys' Girls' Golf Camp*
- Girls' Volleyball Camp*
- Boys' Girls' Running Camp*
- Boys' Wrestling Camp*

**Dates/Times:**      **Grades 5-8**      **Main Gym**  
June 26, 27, 28, 29 (Mon-Thurs)      2:00 pm – 4:00 pm

**Grade 9-12**      **Main Gym**  
June 26, 27, 28, 29 (Mon-Thurs)      2:00 pm – 4:00 pm  
July 10, 11, 12, 13 (Mon-Thurs)      1:00 pm – 3:00 pm

**Cost:**      **Grades 5-10**      **\$25.00**  
                                 **Grades 11-12**      **\$50.00**

**Check (per sport) payable to Reavis High School**

**What to bring:**      Water Bottle, Shorts, shirt, socks,  
                                 gym shoes, kneepads  
                                 (Campers will receive a camp T-shirt.)

**Information:**      (708) 599-7200, ext. 225

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Grade (next fall)** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Shirt Size (YOUTH) L (ADULT) S    M    L    XL**      (please circle)

Please circle the camp your daughter will be attending.

**Parent/Guardian Permission Form**

The applicant is in good health and has my permission to participate in Reavis High School's Summer Camp. I hereby release Reavis High School and the camp directors/instructors of all liability for any injury incurred by my daughter while participating in this summer camp.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Emergency Phone** \_\_\_\_\_

**Dates/Times:** **Grades 6 – 12**  
June 12, 13, 14, 15 (M-TH) **Meet at the Patio**  
9:00 am – 10:30 am

We will designate this week as our **KICK-OFF** to summer running for the **Reavis Cross Country Athletes**, which is crucial for a good Cross Country season. This is the start of pre-season **PRACTICE** for the 2017 XC season. This means that **ALL** Cross Country runners beginning the 2017 season **SHOULD** be there.  
Grades 6-8 runners will be introduced to running with our current cross country runners.

**Who:** Boys & Girls in Grades 6 – 12 this fall

**Cost:** None

**What to bring:** Water bottle, sunscreen, and workout clothes. There is **no** need to buy new running shoes prior to camp. We will explain what proper running shoes are & give the athletes important tips and ways to save you money. Any “gym” shoe with laces will be fine.

**Information:** Coach Laurie Schoenfeld lschoenfeld@d220.org  
Coach Jake Juracka jjuracka@d220.org

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Grade (next fall)** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

### Parent/Guardian Permission Form

The applicant is in good health and has my permission to participate in Reavis High School's Summer Camp. I hereby release Reavis High School and the camp directors/instructors of all liability for any injury incurred by my daughter/son while participating in this summer camp.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Emergency Phone** \_\_\_\_\_



“The Running Rams Are Competing For A Conference

Title This Fall...Will YOU Be Ready?!”

Please fill out all information on the page that applies to the camp(s)/league(s) your son/daughter wishes to attend. The form should be detached from the booklet and brought to the Athletic Office at Reavis High School or given to the Coach on the first day of camp. If mailed, please send to:

Reavis High School  
Summer Camps  
C/O Athletic Office  
6034 West 77<sup>th</sup> Street  
Burbank, IL 60459-3199

### Please Note:

**For ALL indoor camps, please use the Austin Avenue parking lot to enter the school property. Use the Main Gym entrance to drop off all campers for Main Gym and Wrestling Gym camps.**

If you have any questions, please contact the Reavis Athletic Office at (708) 599-7200, Ext. 225.

### NOTES

1. Parent/Guardian signature **must** be on the form for your son/daughter to participate. An emergency phone number is also required.
2. **Separate checks** are required for **each sport** in order to facilitate our record keeping (made payable to Reavis High School).

### Table of Contents

Boys' Baseball Camp	P. 7	Boys'/Girls' Soccer Camp	P. 10
Boys' Baseball League	P. 6	Boys' Soccer League	P. 9
Boys' Basketball Camp	P. 4 & 5	Girls' Softball Pitchers Camp	P. 16
Girls' Basketball Camp	P. 8	Boys'/Girls' Swimming Camp	P. 13
Boys'/Girls' Bowling Camp	P. 19	Boys'/Girls' Tennis Camp	P. 12
Boys' Football Camp	P. 3	Boys' Volleyball Camp	P. 18
Boys'/Girls' Golf Camp	P. 15	Girls' Volleyball Camp	P. 11
Boys'/Girls' Running Camp	P. 17	Boys' Wrestling Camp	P. 14

**Reavis High School is NOT responsible for personal property brought on to our campus that becomes lost, stolen, or damaged.**

All Summer Football Camps will take place at the Main football field.

**Dates/Times:** Varsity/Sophomore Camp: (Stadium)

June 6-8	(Tue-Thur)	10:00 am-12:00 pm
June 12-14	(M-W)	1:30 pm-3:30 pm
June 19-22	(M-Thur)	1:30 pm-3:30 pm
June 26-27	(M-Tue)	1:30 pm-3:30 pm
July 10-13	(M-Thur)	1:30 pm-3:30 pm
July 17-20	(M-Thur)	1:30 pm-3:30 pm
July 24-27	(M-Thur)	1:30 pm-3:30 pm

**Freshman Camp: (Incoming 9<sup>th</sup> Graders/Fall 2017) (Stadium)**

June 26-29	(M-Thur)	1:30 pm-3:30 pm
July 10-13	(M-Thur)	1:30 pm-3:30 pm
July 17-20	(M-Thur)	1:30 pm-3:30 pm

**Cost:** \$35.00 Check (per sport) payable to Reavis High School

**Who:** Boys in grades 9 – 12 Circle Camp your son will attend

**What to bring:** Shorts, shirt, socks, spikes/gym shoes, & water (use sunscreen)

**Information:** Coach Tim Zasada (708) 599-7200 Ext. 206 ([tzasada@d220.org](mailto:tzasada@d220.org))

All Campers will receive a T-Shirt.

**Shirt Size (adult)** M L XL XXL (please circle)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Grade (next fall)** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Parent/Guardian Permission Form**

The applicant is in good health and has my permission to participate in Reavis High School's Summer Camp. I hereby release Reavis High School and the camp directors/instructors of all liability for any injury incurred by my son while participating in this summer camp.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Emergency Phone** \_\_\_\_\_

No pitching experience necessary. Camp is intended for any girl desiring to learn or improve fastpitch softball pitching skills. Girls will be grouped by ability level- Beginners, Intermediate & Advanced.

**Dates/Times:** Monday-Wednesday: June 19-21  
Time: 2:00 pm – 3:30 pm

**Who:** Grades 1<sup>st</sup> & up: ALL ABILITY LEVELS WELCOME

**Camp Location:**

REAVIS HIGH SCHOOL – NORTH GYM

**Cost:** \$25.00 (Includes camp t-shirt)  
Check (per sport) payable to Reavis High School

**What to Bring:** Glove, sweatpants/shorts, shirt, socks, shoes

**Information:** Coach Jim Meskill Email: [jmeskill@d220.org](mailto:jmeskill@d220.org)  
Coach Meg Kelly Email: [mkelly@d220.org](mailto:mkelly@d220.org)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Grade (next fall)** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**T-Shirt size:** Adult S M L XL 2X  
(please circle) Youth S M L

**Parent/Guardian Permission Form**

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**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Emergency Phone** \_\_\_\_\_

**Dates/Times:** June 5<sup>th</sup> – 8<sup>th</sup> 11:00 am – 1:00 pm

**Meet at Stony Creek Golf Course  
(Transportation NOT provided)**

**Location:** Stony Creek Golf Course  
5850 W. 103<sup>rd</sup>, Oak Lawn

**Cost:** Current Team Players Free  
Incoming Freshmen & Non-Team Members \$15.00  
**Check (per sport) payable to Reavis High School**

**Who:** Boys/Girls  
6<sup>th</sup> through 12<sup>th</sup> Grade

**What to bring:** Gym shoes/golf spikes & Clubs (use sunscreen)

**Information:** Coach Rich Nichols (708) 220-7250

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Grade (next fall)** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Parent/Guardian Permission Form**

The applicant is in good health and has my permission to participate in Reavis High School's Summer Camp. I hereby release Reavis High School and the camp directors/instructors of all liability for any injury incurred by my son/daughter while participating in this summer camp.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Emergency Phone** \_\_\_\_\_

**Dates/Times:** Incoming Freshmen: (All dates 12:00 pm – 1:45 pm)  
June 12, 13, 14, 15 (M-TH)  
June 19, 20, 21, 22 (M-TH)

Grades 3-8: (All dates 2:00 pm – 3:45 pm)  
June 12, 13, 14, 15 (M-TH)  
June 19, 20, 21, 22 (M-TH)

**High School Camp:** Dates/Time TBA

**Location:** Main Gym

**Cost:** \$50/8 camp dates  
**Check payable to Reavis High School.**

**Who:** Boys in grades 3 - 9

**What to bring:** Shorts, shirt, socks & gym shoes

**Information:** Coach Jeff Smith (708) 599-7200, ext. 225  
Or email: [jsmith@d220.org](mailto:jsmith@d220.org)

All campers will receive a camp T-shirt. Daily contests with awards will be held.

**Shirt Size (adult)** S M L XL (please circle)

**Please circle the camp your son will be attending.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Grade (next fall)** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Parent/Guardian Permission Form**

The applicant is in good health and has my permission to participate in Reavis High School's Summer Camp. I hereby release Reavis High School and the camp directors/instructors of all liability for any injury incurred by my son while participating in this summer camp.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Emergency Phone** \_\_\_\_\_

**Dates/Times:** Varsity/Sophomore 5/30-6/1 from noon – 3 pm  
and game schedule (TBA)

**Location:** Main Gym

**Cost:** \$50 Check payable to Reavis High School

**Who:** Sophomore and Varsity Basketball Players

**What to bring:** Shorts, shirt, socks & gym shoes

**Information:** Coach Jeff Smith (708) 599-7200, ext. 250

All campers will receive a camp T-shirt. Daily contests with awards will be held.

**Shirt Size (adult)** S M L XL (please circle)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Grade (next fall)** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Parent/Guardian Permission Form**

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**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Emergency Phone** \_\_\_\_\_

**Dates/Times:** June 12, 13, & 14  
June 19, 20 & 21 (M, T & W) 1:00 pm – 2:30 pm

**Location:** Reavis Wrestling Gym

**Cost:** \$30 Check (per sport) payable to Reavis High School

**Who:** Age 5 - 18

**What to bring:** Shorts, shirt, socks & wrestling shoes

**Contact**

**Information:** Charlie Manning, 708-516-3806  
Or email: cmanning@dd220.org

**Instructors:** Reavis High School Wrestling Staff

*Campers will receive a T-shirt.*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Grade (next fall)** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Shirt Size:** \_\_\_\_\_

**Parent/Guardian Permission Form**

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**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Emergency Phone** \_\_\_\_\_

**Dates/Times:** July 10, 11, 12, 13 (M-TH) 2:00-3:30 pm Beginners/Learn to Swim  
3:30-5:00 pm Intermediate/Advanced

**Location:** Reavis High School Swimming Pool

**Cost:** \$50 **Check (per sport) payable to Reavis High School**

**Who:** Boys & Girls - **ages 5 and up only** (Due to water safety reasons, children under the age of 5 will not be permitted).

**What to bring:** Swim suit, cap, goggles, towel, water bottle (optional), & lock

**Information:** Coach Frank Keller (708) 599-7200 Ext. 225

**Learn to Swim/Beginners:** (2:00-3:30 PM, Mon-Thurs): This session is an introductory course to swimming that will include lessons on water safety and the fundamental skills of swimming. Children with no/limited swimming ability are welcome. Your child will be assigned to a small group with those children of the same ability level, yet our instructors will offer the opportunity to work personally with each child's needs while learning to swim. (Note: lessons will mirror the Red Cross Learn-to-Swim program, but your child will NOT receive a Red Cross level card at the end of the session).

**Intermediate/Advanced:** (3:30-5:00 PM, Mon-Thurs): Swimmers who participate in this session should be moderately experienced and able to swim at least 8 lengths of the pool. Swimmers will focus on breathing, various stroke techniques, endurance, race starts/turns, relay exchanges, and races. This session is ideal for swimmers with some experience looking to improve their performance.

**Camper's will receive a T-shirt.**

**Shirt Size** (youth) S M L (please circle)

(adult) S M L XL (please circle)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Grade** (next fall) \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**PLEASE CIRCLE WHICH SESSION YOU ARE REGISTERING FOR**

Beginner/Learn to Swim (2:00-3:30 PM) Intermediate/Advanced (3:30-5:00 PM)

**Parent/Guardian Permission Form**

The applicant is in good health and has my permission to participate in Reavis High School's Summer Camp. I hereby release Reavis High School and the camp directors/instructors of all liability for any injury incurred by my son/daughter while participating in this summer camp.

**Parent/Guardian**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Emergency Phone** \_\_\_\_\_

**Dates/Times:** Varsity Summer League  
Grades 10-12

(see website for schedule [www.reavisathletics.com](http://www.reavisathletics.com))

**Cost:** Varsity \$70.00

**Check (per sport) payable to Reavis High School**

**Who:** Boys in grades 10 – 12

**What to bring:** Glove, uniform pants, shirt, socks & spikes  
(use sunscreen)

**Coaches**

Don Erickson  
Kyle McKinley

[derrickson@d220.org](mailto:derrickson@d220.org)  
[kmckinley@d220.org](mailto:kmckinley@d220.org)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Grade** (next fall) \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Parent/Guardian Permission Form**

The applicant is in good health and has my permission to participate in Reavis High School's Summer League. I hereby release Reavis High School and the camp directors/instructors of all liability for any injury incurred by my son while participating in this summer league.

**Parent/Guardian**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Emergency Phone** \_\_\_\_\_

**Dates/Times:**

Dates: June 5, 6, 7, 8  
Time: 9:00 am – 11:00 am

**Location:**

Reavis High School (Meet at Varsity Baseball Field)  
Moody Avenue Driver Education Lot

**Cost:**

**\$30 Summer Camp**  
**Check (per sport) payable to Reavis High School**

**Who:**

7<sup>th</sup>, 8<sup>th</sup>, and incoming freshmen

Shirt/Sweats or baseball pants, water, baseball mitt, bat (optional), sunscreen

**Contact:** **Coach Don Erickson** [derickson@d220.org](mailto:derickson@d220.org)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Grade (next fall)** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Parent/Guardian Permission Form**

The applicant is in good health and has my permission to participate in Reavis High School's Summer Camp. I hereby release Reavis High School and the camp directors/instructors of all liability for any injury incurred by my son while participating in this summer camp.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Emergency Phone** \_\_\_\_\_

**Dates/Times:**

June 19-22  
June 26-29

Grades 5-8  
Grades Incoming 9-12 Girls  
Grades Incoming 9-12 Boys  
11:00 am – 12:30 pm  
12:30 pm – 2:00 pm  
2:00 pm - 3:30 pm

**Location:**

Tennis Courts

**Cost:**

**\$40**  
**Check (per sport) payable to Reavis High School**

**Who:**

Girls/Boys in grades 5 – 12

Shorts, shirt, socks, gym shoes, racquet, water, towel, and sunscreen – racquet supplied if needed.

**Information:** **Coach Young** (708) 599-7200, ext. 225  
[jyoung@d220.org](mailto:jyoung@d220.org)

Camper's will receive a T-shirt. Please circle size YM, S, M, L & XL

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Grade (next fall)** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Parent/Guardian Permission Form**

The applicant is in good health and has my permission to participate in Reavis High School's Summer Camp. I hereby release Reavis High School and the camp directors/instructors of all liability for any injury incurred by my daughter/son while participating in this summer camp.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Emergency Phone** \_\_\_\_\_



**Dates/Times:** **Grades 5-8** **Main Gym**  
July 10, 11, 12, 13 (Mon-Thurs) 11:30 am – 1:00 pm

**Grade 9-10** **Main Gym**  
July 10, 11, 12, 13 (Mon-Thurs) 9:00 am – 11:00 am

If you can't make it because you will be attending summer school, contact Coach LoVerde at ploverde@d220.org

**Grades 11-12** **Main Gym**  
July 10, 12, 17, 19, 24, 26 (Mon, Wed) 2:00 pm - 4:00 pm  
July 11, 13, 18, 20, 25, 27 (Tues, Thurs) 6:30 am – 9:00 am

**Cost:** **Grades 5-10 \$25.00**  
If also doing Girls Basketball Camp the cost is only \$45.00 for both.

**Grades 11-12 \$50.00**  
**Check (per sport) payable to Reavis High School**

**What to bring:** Water Bottle, Shorts, shirt, socks, gym shoes, kneepads (Campers will receive a camp T-shirt.)

**Information:** (708) 599-7200, ext. 225

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Grade (next fall)** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Shirt Size (YOUTH) L (ADULT) S M L XL** (please circle)

Please circle the camp your daughter will be attending.

**Parent/Guardian Permission Form**

The applicant is in good health and has my permission to participate in Reavis High School's Summer Camp. I hereby release Reavis High School and the camp directors/instructors of all liability for any injury incurred by my daughter while participating in this summer camp.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Emergency Phone** \_\_\_\_\_

**Dates/Times:** **Grades 10-12** **Main Gym**  
Dates: May 30, 31 June 1-2, 5-9, 13-15, 20, 22  
Times: 9:00 am – 11:30 am

**Incoming Freshmen** **Main Gym**  
Dates: June 5-9 (Mon-Friday) 10:30 am – 12:00 pm

**Grades Students going into 7<sup>th</sup> and 8<sup>th</sup>** **North Gym**  
July 10-13 (Mon-Thurs) 10:00 am – 11:30 am  
If also doing Girls Volleyball Camp the cost is only \$45.00 for both.

**Cost:** **\$35.00**  
**Check (per sport) payable to Reavis High School**

**What to bring:** Shorts, t-shirt, socks, gym shoes, & water bottle  
**Information:** Coach Tim Zasada 708-599-7200 Ext. 206

**All campers will receive a T-shirt. Please Circle Size.**

**YOUTH:** L ADULT: S M L XL

Please circle the camp your daughter will be attending.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Grade (next fall)** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height** \_\_\_\_\_

**Parent/Guardian Permission Form**

The applicant is in good health and has my permission to participate in Reavis High School's Summer Camp. I hereby release Reavis High School and the camp directors/instructors of all liability for any injury incurred by my daughter while participating in this summer camp.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Emergency Phone** \_\_\_\_\_

**Dates/Times:** Grades 9<sup>th</sup> – 12 (Summer League)

Dates: May 31<sup>st</sup> – July 26<sup>th</sup>

**Summer Info:**

Game Schedule (8 Games Total)

All Wednesdays in May 31<sup>st</sup>, June & July

35-Minute Halves

Start Times: See Coach Morack for Game Schedule

**Location:** Reavis High School

**Cost:** \$75 Summer League

Check (per sport) payable to Reavis High School

Money must be handed in by Friday, May 15<sup>th</sup>

Shirt Size: S M L XL XXL

**Who:** Soccer Boys grades 9 - 12

**What to bring:** Summer jersey& shorts, water, & soccer gear

**Contact:** Coach Bob Morack [rmorack@d220.org](mailto:rmorack@d220.org)

Reavis High School – HOLD HARMLESS FORM

**Each participant must turn this form in to his coach prior to playing.**

I/we hereby give my/our permission for participation of my/our son in the soccer summer league at Reavis/OLCHS/SWSC. I/we understand that Reavis/OLCHS/SWSC will exercise care and caution but are not held responsible for any injury that could occur.

**Student-Athlete Name (Print):** \_\_\_\_\_

\_\_\_\_\_  
**Student-Athlete Signature**

\_\_\_\_\_  
**Parent/Guardian Signature**

**Address:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Dates/Times:**

Dates: June 12, 13, 14, 15  
Time: 1:00 pm – 2:30 pm

**Location:**

Reavis High School (Meet at Baseball Stadium)  
Moody Avenue Driver Education Lot  
Soccer Fields located next to the Baseball Field

**Cost:** \$30

Check (per sport) payable to Reavis High School

Shirt Size: XS S M L XL XXL

**Who:** Soccer Boys & Girls Ages 5-17

**What to bring:** Shirt/Shorts, water, soccer gear (wear sunscreen)

**Description:** Players will spend the 1<sup>st</sup> hour of camp in drills and the last hour engaged in soccer games! The players will do offensive and defensive drills that can benefit all ages!

**Contact:** Coach Bob Morack [rmorack@d220.org](mailto:rmorack@d220.org)  
Coach Phil Basile [pbasile@d220.org](mailto:pbasile@d220.org)

Reavis - HOLD HARMLESS FORM

I/we hereby give my/our permission for participation of my/our son or daughter in the soccer summer camp at Reavis. I/we understand that Reavis will exercise care and caution but are not held responsible for any injury that could occur.

(Print)

**Student-Athlete Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

\_\_\_\_\_  
**Student-Athlete Signature**

\_\_\_\_\_  
**Parent/Guardian Signature**