

2010 Summer Day Camps Registration Form

Please Print (1 child per form)

Participant's Name _____

Male _____ Female _____ Birthdate _____ Age _____ Grade _____

Parent/Guardian _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ Zip _____

Emergency Contact Name _____ Emg. Contact's Phone _____

Physician _____ Physician's Phone _____

Is the above-named child allergic to any medications? _____

List any physical condition about which we should know (i.e. asthma, diabetes, epilepsy, etc.) _____

T-shirt Size (please circle appropriate size) Youth Med - Youth Lge - Adult Sm - Adult Med - Adult Lge - Adult X-Lge

Please enroll my child in the following Day Camp(s):

Camp	Session	Fee

Total Registration Fee Due _____

I, parent/guardian of the above-named person, hereby give my consent for him/her to participate in any or all of the activities of the National Trail Parks and Recreation District Summer Day Camp Program. I assume all risks and hazards incidental to the conduct of activities and transportation to and from activities. I do further hereby resolve, absolve, indemnify and hold harmless the National Trail Parks and Recreation District, City of Springfield, National Trail Parks and Recreation District Board, its organizers, sponsors, coaches, and officials appointed by them.

Signature of Parent/Guardian

Camp List

Tot Tennis Camp \$15

Session I June 7-10(AM)
Session 2 June 14-17(AM)

Youth Tennis Camp \$35

Session 1 June 7 -10 (AM)
Session 2 June 7 - 10 (PM)
Session 3 June 14-17 (AM)
Session 4 June 14-17 (PM)
Session 5 June 21-24 (PM)
Session 6 June 28 - July 1 (PM)
Session 7 July 12 - 15 (PM)

Teen Tennis Camp \$35

Session 1 June 7-10 (AM)
Session 2 June 7-10 (PM)
Session 3 June 14-17 (AM)
Session 4 June 14-17 (PM)
Session 5 June 21-24 (PM)
Session 6 June 28 - July 1 (PM)
Session 7 June 12 - 15 (PM)

Hall Of Fame Baseball Camp \$35

June 14-17

Youth Golf Camp \$35

June 7 - 10
Session I (10 to 12 year olds) 8:30 AM
Session II (13-17 year olds) 11:00 AM

Basketball Clinic \$25

July 6 - July 7

Soccer Camp \$35

July 12 - 15

Slammers Volleyball Camp \$35

June 21 - 24

Cheerleading Camp \$35

July 19-22

Camp Kidstuff I \$55

Session 1 June 21-25
Session 2 July 12-16
Session 3 July 19-23

Trail Tots Activity Camp \$55

Session 1 June 7-11
Session 2 June 14-18

Passport to Fishing Free

August 6



National Trail Parks and Recreation District Fall Youth Sports

Fall Youth Soccer

Soccer leagues will be formed for young people ages 5-13 throughout Clark County in 4 age divisions (Dribblers 5-6, Passers 7-8, Wings 9-10, Strikers 11-13). Participant divisions will be determined by age as of September 1, 2010, and teams are organized geographically by blind draft. The registration fee is \$22 and the deadline to register is August 2. Practices will begin in mid August and games are played Monday - Saturday in September and October at Eagle City Soccer Complex.



NFL Youth Flag Football Program

NFL Flag Football for boys and girls ages 6 -11 (in two age divisions) is back. Age is as of September 1, 2010. This five-on-five game is very recognizable to football fans. The offensive team plays for a first down at midfield and a touchdown in the end zone. Running and passing plays are allowed, although there are "no-running zones" at midfield and near each goal line. The defensive team covers receivers, rushes the passer, and grabs flags to make "tackles." Games and practices will be in Snyder Park beginning in August and running through October. The registration fee is \$22 and all participants will receive a reversible NFL sponsored game jersey. Deadline to register is July 23.

Fall Youth Sports Registration

Please Print (1 child and 1 sport per form)

Please check the applicable sport: Youth Soccer _____ Flag Football _____

Participant's Name _____

Male _____ Female _____ Birthdate _____ Age _____ (as of 9/1/10) Grade _____

School Attends _____

Parent/Guardian _____ Hm Phone _____ Wk Phone _____

Address _____ City _____ Zip _____

Emergency Contact Name _____ Emg. Contact's Phone _____

Is the above-named child allergic to any medications? _____

List any physical condition about which we should know (i.e. asthma, diabetes, epilepsy, etc.) _____

Email Address _____ I would like to coach my child's team! (circle one) YES NO

T-shirt Size (please circle appropriate size) Youth Med; Youth Lge; Adult Sm; Adult Med; Adult Lge; Adult X-Lge

I have or know of a company interested in sponsoring my child's team. _____

I, parent/guardian of the above-named person, hereby give my consent for him/her to participate in any or all of the activities of the National Trail Parks and Recreation District's fall youth sports programs. I assume all risks and hazards incidental to the conduct of activities and transportation to and from activities. I do further hereby resolve, absolve, indemnify and hold harmless the National Trail Parks and Recreation District, City of Springfield, National Trail Parks and Recreation District Board, its organizers, sponsors, coaches, and officials appointed by them.

Signature of Parent/Guardian

Date