

West Millbrook Middle School



ATHLETIC BOOSTER CLUB SUMMER SPORTS CAMPS

2011

Coaches:

Dan Calhoun - Baseball, Football
Ron Miterko - Baseball, Volleyball
Chad Navin - Baseball, Football
Jake Gross - Football

Costs:

Baseball \$180 / wk.
(Bring a lunch, snack, & a drink)
Football & Volleyball \$120 / wk.

**Ice water will be provided by staff.*

**Multiple camp discount—subtract \$40 for each additional camp that is attended

**Multiple children discount—subtract \$20 for each additional child per camp

**Each athlete will receive a t-shirt and have opportunities to earn extra awards.

Questions? Contact Dan Calhoun 870-4072
dcalhoun@wcpss.net

Make checks payable to: WMMS Athletic Boosters
Booster Club

**Tax ID # available upon request



Please send payment and registration to:

West Millbrook Middle School
Attn: WMMS Athletic Boosters
8115 Strickland Rd.
Raleigh NC, 27615

PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Liability Release & Acknowledgement: I, parent/guardian of the camper, give consent for my child to attend the WMMS Boosters Summer Camp at West Millbrook Middle School. Participation in the WMMS Boosters Summer Camp involves the risk of injury including, but are not limited to, collision with other participants, being hit by the ball, falling to the ground or into a fence, etc. By signing this form and in return for the opportunity to participate in the WMMS Boosters Summer Camp I, on behalf of myself, my children, my heirs, assigns, executors and administrators, (a) acknowledge all risks of injury and death associated with participation in the WMMS Boosters Summer Camp, (b) assume responsibility should injury or death result from these risks, (c) waive any legal rights we may have to seek payment of any kind from the WMMS Boosters Summer Camp and their employees or agents for bodily injury or death resulting from participation in the WMMS Boosters Summer Camp, and to release those parties from any liability for damages resulting from any injuries or death, (d) agree to follow all rules and procedures of the program and reasonable instructions of the coaches.

I authorize Camp Director Dan Calhoun, and his staff to act to the best of their judgment in an emergency situation requiring medical attention. I give permission for a physician or hospital emergency room to administer necessary care.

SIGNATURE: _____

DATE: _____

Insurance Company: _____

Policy #: _____

Please list any special needs (medications, previous injury, disabilities, or handicaps) which will require our coaching staffs knowledge.

Mission: To provide an opportunity for our youth to gain knowledge and experience in a variety of sports offered at the middle school level.

Camps offered:

- BaseballJune 20 - 24
- FootballAug 8 - 12
- Girls VolleyballAug 8 - 12

Camp Information:

Baseball

What: Wildcat Baseball Camp
Who: Ages 9 - 14
When: Mon.—Thurs. 8:30 - 3:30
Fri. 9 - Noon

Equipment: Bring a glove, bat, helmet, catching gear or any other equipment you feel you may need. Bats, helmets, and catching gear are available for use. It is preferred that campers wear baseball attire but not required. (ie. Baseball pants, cleats, hat)

Session Topics: Hitting, Fielding, Throwing, Base Running/Sliding, Positional Play, Agility Test

Camp Information: (cont.)

Football

What: Wildcat Football Camp
Who: Rising 6th gr. - Rising 8th gr.
When: Mon. - Fri. 8 - 11 am

Equipment: T-shirt, shorts, cleats (not mandatory), indoor shoes, thermos

Session Topics: Stance, blocking, passing, catching, kick/punt, agility tests, conditioning drills and positional play

Girls Volleyball

What: Wildcat Volleyball Camp
Who: Rising 6th gr. - Rising 8th gr.
When: Mon. - Fri. 8 - 11 am

Equipment: T-shirt, shorts, knee pads

Session Topics: Bumping, setting, serving, agility tests, & positional play



Camp Registration Form

Name: _____ Age: _____
Address: _____ City: _____ Zip: _____
Parent (s) or Guardian: _____ Email: _____
Home Phone #: _____ Day time / Cell Phone #: _____
Emergency Contact (other than parents): _____
Sport (s) _____ Baseball _____ Football _____ Volleyball _____
Total Amount Paid: _____ Cash: _____ Check #: _____
T-Shirt Size (adult sizes) : S M L XL XXL (circle one) *Sizes guaranteed if registered by May 31