

# 2018

## St. Charles North High School

### Summer Athletic Camps

Please visit <https://store.d303.org>

For more information please visit C.U.S.D.303 website or call us at 331-228-6218.

**SWIMMING LESSONS: SCN Swim School offers a 3 to 1 student to teacher ratio. Open age for all lessons. The level of lesson based on ability of the swimmer.**

Class Information for all Sessions—(All ages & levels each hour) \$42 per class per week (Monday—Friday each week).

We will offer a Holiday week (July 4th) \$34 per class and

Advance Camp July 9-12 and July 16 -19 for \$80

CAMP NAME	CAMP #	GRADE	DATES	DAYS	TIME	COST
SESSION #1	CLASS 1 CLASS 2 CLASS 3 CLASS 4 CLASS 5 CLASS 6	ALL	June 11- 15	Mon - Fri	10:00-10:30 am 10:40-11:10 am 11:20-11:50 am 12:00- 12:30 pm 12:40- 1:10 pm 1:20- 1:50 pm	\$42.00 PER CLASS
SESSION #2	CLASS 1 CLASS 2 CLASS 3 CLASS 4 CLASS 5 CLASS 6	ALL	June 18-22	Mon - Fri	10:00-10:30 am 10:40-11:10 am 11:20-11:50 am 12:00- 12:30 pm 12:40- 1:10 pm 1:20- 1:50 pm	\$42.00 PER CLASS
SESSION # 3	CLASS 1 CLASS 2 CLASS 3 CLASS 4 CLASS 5 CLASS 6	ALL	June 25- 29	Mon - Fri	10:00-10:30 am 10:40-11:10 am 11:20-11:50 am 12:00- 12:30 pm 12:40- 1:10 pm 1:20- 1:50 pm	\$42.00 PER CLASS
HOLIDAY SESSION	CLASS 1 CLASS 2 CLASS 3	ALL	July 2 July 5-6	Mon Thur - Fri	10:00-10:30 am 10:40-11:10 am 11:20-11:50 am	\$34.00 PER CLASS
SESSION #4	CLASS 1 CLASS 2 CLASS 3 CLASS 4 CLASS 5	ALL	July 9-13	Mon - Fri	10:00-10:30 am 10:40-11:10 am 11:20-11:50 am 12:00- 12:30 pm 12:40- 1:10 pm	\$42.00 PER CLASS
SESSION # 5	CLASS 1 CLASS 2 CLASS 3 CLASS 4 CLASS 5	ALL	July 16-20	Mon - Fri	10:00-10:30 am 10:40-11:10 am 11:20-11:50 am 12:00- 12:30 pm 12:40- 1:10 pm	\$42.00 PER CLASS
ADVANCE CAMP			July 9-12 July 16-19	Mon - Thur	1:00-2:00 PM	\$80.00

Online Credit Card/Debit Card and Check payments now being accepted!  
Please visit <https://store.d303.org>

Mail-in summer camp registration also being accepted. Please mail your registration to:

CUSD 303 Summer Athletics – SCN  
St. Charles North High School  
Attn: D. Brannon– Athletic Dept.  
255 Red Gate Rd.  
St. Charles, IL 60175

\*Registration deadline is June 7<sup>th</sup>

For camps with a beginning date in June

\*Registration deadline is June 28<sup>th</sup>

For camps with a beginning date in July

ST. CHARLES NORTH H.S. 2018 SUMMER ATHLETIC CAMP

STUDENT/ATHLETE'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL NO: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

CAMP NAME: \_\_\_\_\_ CAMP NO: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

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Year in School (2017-18): \_\_\_\_\_ AMOUNT ENCLOSED: \$ \_\_\_\_\_

The Board of Education recognizes that participation in school activities is a privilege. Students participating in summer camps are expected to be an honorable representative of District 303 at all times in appearance, language, conduct and attitude. Participants shall practice good citizenship in all environments respecting the property and the right of others. Participants are held accountable for these rules and the rules of the coach.

STUDENT/ATHLETE'S NAME: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

Please include the following information so that your son/daughter may receive proper care in the event of an emergency:

Family Physician: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**Please List:**

Medical condition(s): \_\_\_\_\_

Medications Taken & Why: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Please Note:** There will not be a nurse on site during the summer camp hours. Medications will not be administered during camp hours.

**Emergency Contact (if parents cannot be reached):**

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

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

**Insurance Coverage/Medical Release:**

I realize that my son/daughter must be covered by our family accident/health insurance coverage for all treatment expenses. I/we give permission for the above named student to participate in organized activities, realizing that such activity involves the potential for injury which is inherent in all sports.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Concussion Protocol:**

I agree to abide by all conduct rules and will behave in a sportsmanlike manner. I agree to follow the coaches' instructions, playing techniques, and training schedule as well as all safety rules.

I understand that Board policy 7:305, Student Athlete Concussions and Head Injuries, requires, among other things, that a student-athlete who exhibits signs, symptoms, or behaviors consistent with a concussion or head injury must be removed from practice or competition at that time and that the student will not be allowed to return to play or practice until he or she has successfully completed return-to-play and return-to-learn protocols, including having been cleared to return by the treating physician licensed to practice medicine in all its branches or a certified athletic trainer under the supervision of a physician.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_