

MUSTANG SUMMER CAMPS 2015

Lutheran High School is proud to offer various sports camps for all ages and ability levels. Mustang athletic camps will stress the development of fundamental skills, team work, spiritual and moral growth in an athletic environment. Each day campers will work on basic skills, participate in contests and play games. While the camp will have players of varying skill and experience levels, we will strive to have each camper experience growth and success by pairing them with fellow campers of approximate ability and skill levels. All campers will receive a t-shirt.

Camps and Dates

<u>Camp</u>	<u>Dates</u>	<u>Times</u>	<u>Grade Entering</u>	<u>Gender</u>	<u>Cost</u>
Basketball	June 8-11	9 AM – 12 Noon	1st- 3rd	Boys and Girls	\$80
Basketball	June 22-26	9 AM – 12 Noon	4th – 12th	Boys	\$100
Basketball	June 22-26	1 PM – 4 PM	9th-12th	Girls	\$100
Basketball	July 13-17	1 PM – 4 PM	4th – 8th	Girls	\$100
Football	July 13-17	9 AM – 12 Noon	9th-12th	Boys	\$100
Pro Shot Clinic**	June 12th	9 AM – 12 Noon	4th-12th	Boys & Girls	TBD

** This is a 2 day Pro Shot Shooting System Camp hosted by Lutheran High School. Concessions will be available for lunch break from 11:00 AM – 12:00 PM. Bring your own basketball. Contact **Bruce Biedinger**, Head Boys Basketball Coach, at 210-269-2454 or Bruce.Biedinger@lhssa.org

Mustang Athletics have a tradition of excellence. The **Boys Basketball Team** has qualified for four Final Fours in TAPPS, playing in a State Title Game, while the **Girls Basketball Team** has two Final Four Qualifications. To learn more about the history of each sport click on the team name to see records, stat leaders, and more. They are also found under the specific sport page and listed under Program Links.

INDEMNIFICATION BY PARENT OR GUARDIAN OF APPLICANT

The undersigned parents of guardian of _____ the Applicant for and in further consideration of the Lutheran High School Summer Camp accepting said applicant, does hereby release and discharge the Board of Trustees of the Lutheran High School of San Antonio and its representatives, employees, and agents from any and all debts, claims, demands, actions, damages, causes of action, judgment, or suits of any kind which may arise or be occasioned a result of the applicant's participation in the Lutheran High School Summer Camps and hereby agree to have and indemnity and keep harmless the Board of Trustees of the Lutheran High School of San Antonio, its representatives, employees, and agents against any and all liability, claims judgments, or demands for damages arising as a result of any course instruction given the applicant by the Lutheran High School Summer Camp.

Signature of Parent or Guardian

Date

MEDICAL TREATMENT AUTHORIZATION

I/We being the parents and or legal guardian of the applicant authorize Lutheran High School and its agents, permission to request emergency medical treatment or care as necessary to insure the well-being of our dependent. Further, I claim that the registrant has had a physical examination in the past year and was found fit for all physical endeavor.

Signature of Parent or Guardian

Date

Are you or your dependent entitled to benefits under any Employer, Union, Group Plan, Group Blue Cross Blue Shield, Medicate, Medicaid or any other Government Program? ___Yes ___No

Complete the following:

Person carrying other insurance coverage _____

Employer or sponsoring organization _____

Insurance Company _____

Plan or Policy No. _____

One form per camp required.

REGISTRATION FORM

Male ___ Female ___

Name _____ Age ___ Grade as of Sept. '15 ___ Phone _____

Parent/guardian Name _____ Work Phone _____ Cell Phone _____

Home Address _____ City _____ Zip _____

E-Mail Address _____

Emergency Contact Name _____ Relationship _____ Phone _____

Health Information: Does your child suffer from any of the following conditions? (check all that apply)

___ asthma (pleas have athlete bring emergency inhaler)

___ diabetes

___ heart condition (please explain) _____

___ allergic reaction (please list) _____

Please list any injuries or surgeries your child has had in the past _____

Other medical conditions of concern (please explain) _____

Grade School Attended _____ Church Attending _____

Camp Attending _____ Date _____ Time _____ Cost _____

T-Shirt Size (circle size) **YOUTH-** S M L **ADULT-** S M L XL

Forms must be complete to guarantee a spot. Make checks payable to **Lutheran High School** and mail form and check to:

Athletic Director

Lutheran High School Summer Camps

18104 Babcock Road 78255