

Cost

- \$30 per camp
- Add \$20 for registration after May 22th

Check the following camps you plan on attending  
(grade based on next school year):

- Boys & Girls Basketball Camp, June 1-3**  
(1st-5th Grades, 8:30-11:30 am @ First Methodist Church, Desoto)
- Boys Basketball Camp, June 1-3**  
(6th-9th Grades, 8:30-11:30 am @ LSOC)
- Girls Basketball Camp, June 1-3**  
(6th—9th Grades, 1:00-4:00 pm @ LSOC)
- Girls Softball Camp, June 8-10**  
(7th-9th Grades, 8:30-11:30 am @ LSOC)
- Red Oak Girls Volleyball Camp, June 15-17**  
(6th-7th Grades, 8:30-11:30 am @ First Methodist Church, Desoto)
- Red Oak Girls Volleyball Camp, June 15-17**  
(8th-9th Grades, 1:00-4:00 pm @ First Methodist Church, Desoto)
- Oak Cliff Girls Volleyball Camp, June 15-17**  
(6th-9th Grades, 8:30-11:30 am @ LSOC)

**Total Enclosed: \_\_\_\_\_ (No Refunds)**

Make check payable to Life School. Please detach this form and mail with payment to:

Life School Sports Camps  
Attn: Athletic Department  
777 S. I-35E  
Red Oak, Texas 75154

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777 S. I-35E  
Red Oak, Texas 75154



**Summer 2009**

**Sports Camps**

## Camp Staff

The camps are under the direction of the Life School Athletic Department, and its coaching staff and representatives.

## Camp Objective

These camps provide instruction with emphasis on fundamental skills. Each camper will receive individual attention in all aspects of the game. A strong emphasis will be placed on team play. The goal of the camps is for students to develop a greater understanding and appreciation for each game while building the necessary skills for future success in athletics.

## Camp Includes

- Camp t-shirt
- Instruction in fundamentals
- Scrimmaging
- Awards at end of the week

## Transportation

Transportation to the Oak Cliff campus and First Methodist Church Desoto from the Red Oak campus is available free of charge.

Morning Camps—Bus leaves Red Oak at 8:00 am and returns at 12:00 pm

Afternoon Camps—Bus leaves Red Oak at 12:30 pm and returns at 4:30 pm

## Equipment

Each camper should arrive in practice clothes. Be sure to wear shoes suitable for gym floor, or cleats for football and softball camps.

## Concession Stand

Concession stand will be available each day. Be sure to bring pocket change.

### Boys and Girls Basketball Camp (1st-5th Grades)

**Date:** June 1-3      **Time:** 8:30-11:30 am

**Location:** First Methodist Church, Desoto

### Boys Basketball Camp (6th-9th Grades)

**Date:** June 1-3      **Time:** 8:30-11:30 am

**Location:** Life School Oak Cliff

### Girls Basketball Camp (6th-9th Grades)

**Date:** June 1-3      **Time:** 1:00-4:00 pm

**Location:** Life School Oak Cliff

### Girls Softball Camp (7th-9th Grades)

**Date:** June 8-10      **Time:** 8:30-11:30 am

**Location:** Life School Oak Cliff

### Red Oak Girls Volleyball Camp (6th-7th Grades)

**Date:** June 15-17      **Time:** 8:30-11:30 am

**Location:** First Methodist Church, Desoto

### Red Oak Girls Volleyball Camp (8th-9th Grades)

**Date:** June 15-17      **Time:** 1:00-4:00 pm

**Location:** First Methodist Church, Desoto

### Oak Cliff Girls Volleyball Camp (6th-7th Grades)

**Date:** June 15-17      **Time:** 8:30-11:30 am

**Location:** Life School Oak Cliff

# Life School Sports Camps ENROLLMENT FORM

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Grade (next year) \_\_\_\_\_ Age \_\_\_\_\_

Gender Boys \_\_\_ Girls \_\_\_

Shirt Size Youth: S \_\_\_ M \_\_\_ L \_\_\_

Adult: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_

Need Transportation (from Red Oak Campus) \_\_\_\_\_

I, the undersigned parent or guardian of \_\_\_\_\_, a minor, hereby grant permission for the above named camper to participate in the camp(s) and ride the school bus to and from the camp (as needed) and acknowledge the fact that he/she is physically able to participate in all camp activities.

If in the judgment of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, EMT, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

I request that the physician, dentists and staff of the medical facility perform any diagnostic procedures, treatment procedures, operative procedures, and x-ray treatments and anesthetics as may be necessary in the diagnosis and treatment of my child.

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone Number(s) \_\_\_\_\_