



GTACS SUMMER SPORTS CAMP

St. Francis High School is announcing its summer sport camp dates and information. Please fill out this sheet and return it to:

St. Francis Athletic Office
123 E. 11th Street
Traverse City, Mi 49684

YOU MAY ALSO PICK UP THIS REGISTRATION FORM AT ANY OF THE SCHOOL OFFICES. Call the athletic department with questions, 946-1180.

Name _____ Phone _____

Address _____

Camps Attending _____

Grade (next year) ____ Age ____ School _____

GTACS Summer Camp Dates (Choose camp based on grade entering in fall)

SPORT	DATES	TIMES	PLACE	COST	
Boys Basketball	July 13th-17th	2 nd -4 th Grades	9:30am-11:00am	SEAS	\$50
		5 th -6 th Grades	11:00am-12:30pm	SEAS	\$50
		7 th -9 th Grades	1:30pm-3:30pm	SEAS	\$60

Camp Directors: Dave Ginsberg and Matt Bauman

Girls Basketball	July 13 th -16 th	2 nd -4 th Grades	10am-11:45am	SF	\$40
		5 th -6 th Grades	8am-9:45am	SF	\$40

Camp Director: Lori Phillips

July 16 th -18 th	9 th -12 th Grades	7am-9am	SEAS	\$30
	7 th -8 th Grades	4:00pm-6:00pm	SEAS	\$30

Camp Director: Barb Teter and Mike Knudsen

Volleyball	July 6-8	9 th -12 th Grades	8:30 a.m.-10:30 a.m.	SF	\$40
	July 20-22	5 th -6 th Grades	8:00 a.m.-9:30 a.m.	SEAS	\$35
	July 20-22	7 th -8 th Grades	9:45-11:30 a.m.	SEAS	\$40

(please use volleyball sign-up form located under athletics at www.gtacs.org)

Great Lakes Volleyball Camp– please view link on our website at www.gtacs.org then click on Athletics

Wrestling Camp – please view link on our website at www.gtacs.org then click on Athletics

Medical Release Information

Each participant must have personal medical insurance. Any accident or illness will be treated at Munson Medical Center. I hereby authorize the Camp Director of the St. Francis Summer Sports Camps to act according to their best judgment in any emergency requiring medical attention. The undersigning acknowledgement that to the best of his/her knowledge and belief the camper has no physical disability or problem that would restrict in any way the camper's ability to participate in this program. I further release St. Francis High School from any claim relative to any pre-existing condition/ disability.

Signature of Parent / Guardian _____

Medical Insurance Co. _____ Policy # _____

Emergency Contact Name & Phone # _____

Doctor's Name & Phone Number _____

Please note any medical information for camp director _____