



Saints Summer Sports Camp 2020
"Where Jesus is Lord and Every Child is a Winner"

STUDENT NAME: _____ DATE OF BIRTH: _____
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PARENTS NAME(S): _____
ADDRESS: _____
CITY: _____ ZIP: _____
MOM CELL: _____ DAD CELL: _____
HM PHONEL: _____

E-MAIL (Please print clearly) _____

Has student(s) had an injury to muscle/joints within the past year that has caused missed playing time in athletic events?

YES: _____ NO: _____ Please Explain: _____

Allergy Concerns & Treatment Plan _____

In the event my child becomes ill or injured under SAINTS supervision, I/we approve authorities to take the following steps:

1. Contact a parent/guardian of the student and follow his/her instructions.
2. In the event neither parent(s) nor guardian(s) can be reached, contact the physician and follow his/her instructions.

STATEMENT OF RELEASE

I/We the undersigned hereby grant the above named student(s) permission to participate in CHAA of TX. Sponsored activities. I/We release and hold harmless CHAA of TX. and its staff from all liability for mishap or injury to the student(s) named herein from the time of drop off to the time of pick up. In the event my child/children needs/need medical/surgical services which require my consent before being applied and I/we cannot be reached, I/we hereby authorize, appoint, and empower a CHAA representative to furnish on my/our behalf such written or oral authorization as may be required. It is understood the best possible care will be given to my child(ren).

****photo release:** The undersigned also authorizes the photographing of children's likeness for all lawful purposes in connection with the specific activities of SAINTS **yes I authorize** _____ **no I do not authorize** _____

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

EMERGENCY CONTACT: _____ PHONE: _____

FAMILY PHYSICIAN: _____ PHONE: _____

HEALTH INSURANCE: _____ ID # : _____

NOTE: Leander ISD provides a free lunch at the Twin Lakes Campus throughout the summer. Please check here if your child can have the lunch provided by Leander ISD. _____

All Payments are due 7 days prior to the first day of Camp participation.

Week 1: July 6th -9th _____
Week 2: July 13th – 16th _____

Week 3: July 20th – 23rd _____
Week 4: July 27th – 30th _____

Daily Hours: 7:30AM – 1:30PM

Tuition fees:

Tuition 1st Child _____
Sibling _____
Sibling _____
Sibling _____
Additional Sib. _____

Family Registration **+40.00**

Total _____

Make payments out to CHAA

Weekly Cost

Two Day Camp: First Child: \$90 Siblings: \$60

Four Day Camp: First Child: \$135 Siblings: \$60

Mail all Correspondence and payments to:
CHAA Saints
1414 Vaughter Lane
Cedar Park, TX 78613

Contact Information:
Coach Stevie Schaffer, Camp Director
(512) 538-8822
coachstevie13@gmail.com

Saints Camp Daily Schedule

7:30 AM - 8:15 AM –Child Drop Off/Free Play

8:15 AM – 8:25 AM –Introduction to the Day

8:30 AM – 8:40 AM – Stretching/Warm Up

8:45 AM – 9:45 AM – Session 1: Two Sport Rotation

9:50 AM – 10:10 AM –Snack Break Time (Snack, Shade, Fellowship, and Relax)

10:15 AM – 11:15 AM – Session 2: Two Sport Rotation

11:15 AM – 11:30 AM –Break Time (Shade, Fellowship, Relax)

11:35 AM – 12:15 PM – Session 3: Primary Sport Scrimmage

12:15 PM – 12:45 PM – Snack/Lunch Break Time (LISD Lunch Available)

12:45 PM – 1:30 PM – Shelter Activities (Bible Story, Arts&Crafts, Free Play, Closing)

1:00 PM – 1:30 PM - Parent Pickup

*** Throughout Day, there will be plenty of time for water breaks, Shade, and Restroom Breaks

*** Families are responsible for their child's snacks. Leander ISD Lunches are provided for free.