2023 Contra Costa College Youth Sports Camp

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Soccer | Basketball | Badminton | Pickleball | Kickball | Pool | Baseball |
| 6/19-6/22 |  | 10-11:30 Keith Allison |  |  | 12:30-1:45 Denine/Eric | 2-3:15 |  |
| 6/26-6/29 | 12:30-1:45 Julio Ayala |  |  | 10-11:30 Keith Allison |  | 2-3:15 |  |
| 7/10-7/13 |  |  |  | 10-11:30Keith Allison |  | 2-3:15 | 12:30-1:45 Albert Strane |
| 7/17-7/20 |  | 10-11:30 Miguel Johnson |  |  | 12:30-1:45Denine/Eric | 2-3:15 |  |

 **Enroll Week One ▢                 Enroll Week Two ▢                          Enroll Week Three ▢                         Enroll Week Four ▢**

**Age of campers: 8 thru 16   Cost: $100.00 per week or $300.00 for all four weeks.**

Attendee/Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Age:\_\_\_\_\_\_\_  Grade:\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Emergency Contact

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

Insurance Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy/Subscriber #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INJURY WAIVER –** Contra Costa College will not be liable for injuries my children may receive from attending the College and Sport Camp. This liability applies to anyone participating in said above activities.

 **I have read the above and fully understand that I assume all risks associated with this event**.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

  **Please call the Athletic Department (510) 215-4801 for further details. Print out registration form, complete, and mail a check (payable to CCCF)  and application to:** **CCC Athletic Department Sports Camp, 2600 Mission Bell Drive, San Pablo, CA 94804** Registration: In-person --CCC pool Tuesday & Thursday 4:30-6:00pm