



# ALL SPORTS CAMP 2019

*a fun camp for boys and girls*

- Non-stop fun, games and activities grouped according to age • Camp T-Shirt •
- Caring Professional Christian Staff\* • 10-to-1 Ratio of Campers to Counselors •

## CAMP PHILOSOPHY

*To provide a safe, positive, Christian environment for young children to learn skills, compete, grow socially, gain confidence and have fun.*

## ALL SPORTS (entering grades K-6) Co-Ed

### \*ACTIVITIES THIS YEAR...AND MUCH MORE\*

Futsal, Volleyball, Indoor Hockey, Arena League Kickball and Arena League Football!

### 3 SESSIONS AVAILABLE:

**June 3-7 • June 10-14 • June 17-21**

8:30am - 2:30pm

Cost: \$250.00

Extended Day: \$100 (8:00am-5:00pm)

All activities are held on Jesuit Campus

*Lunch not included (may bring a lunch or buy lunch for \$45/week)*

## JESUIT ADVENTURE CAMP (entering grades 3-7) Co-Ed

### \* 3 SESSIONS AVAILABLE\*

All activities are held off-campus.

### ADVENTURE CAMPS

9:00am-3:00pm

Bus Departs at 9:30am

Cost: \$300 Lunch not included

(may bring a lunch or buy lunch for \$45/week)

#### June 3-7

**M:** Pole Position Indoor Go Cart and Obstacle Warrior Kids

**T:** Sea Life Aquarium-Grapevine and Jump Street

**W:** Ripley's Believe It or Not, ITZ Family Fun and Food

**TH:** Hawaii Falls

**F:** Amazing Jake's

#### June 10-14

**M:** Pump It Up/Obstacle Warrior Kids

**T:** Dallas Zoo

**W:** Sci-Tech Discovery and Urban Air

**TH:** NRH20

**F:** Pinstack-Plano

#### June 17-21

**M:** Jump Street and Adventure Landing

**T:** Main Event

**W:** World Aquarium and Top Golf

**TH:** Hawaii Falls

**F:** USA Bowl and Dave & Busters

\* **Staff:** All counselors are Jesuit employees and college aged students. Camp aides are high school students. Background checks are done on all employees. Safe Environment course attendance required of all employees.

Print this page, fill it out and mail it in for your registration  
or Register Online at [www.jesuitrangers.org](http://www.jesuitrangers.org)

## Enrollment Information / Registration Form

Child Name: \_\_\_\_\_ M F (Circle One) Grade (Fall '19) \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Contact Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email (for confirmation): \_\_\_\_\_ Cell: \_\_\_\_\_

Name of School Presently Attending \_\_\_\_\_

T-Shirt Size (Circle One): YM YL S M L XL

### Indicate Your Session Below

- \_\_\_\_\_ All Sports Camp, Session 1 (June 3-7) \$250
- \_\_\_\_\_ All Sports Camp, Session II (June 10-14) \$250
- \_\_\_\_\_ All Sports Camp, Session II (June 17-21) \$250
- \_\_\_\_\_ Adventure Camp (June 3-7) \$300
- \_\_\_\_\_ Adventure Camp (June 10-14) \$300
- \_\_\_\_\_ Adventure Camp (June 17-21) \$300
- \_\_\_\_\_ Week of Lunches \$45
- \_\_\_\_\_ Extended Day \$100

Camp space is held once payment is received.

To Register Online Go to [www.jesuitrangers.org](http://www.jesuitrangers.org)  
and click on Inside Athletics you will see Summer Camps 2019

**Make checks payable to:** Athletics Unlimited **Mail to:** Lyn Koch, 7637 Meadowhaven, Dallas, 75254

### PLAYER PERMISSION TO PARTICIPATE / CONSENT FOR MEDICAL TREATMENT

I the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Jesuit All Sports Camp, Jesuit College Prep, and its counselors in charge. Recognizing the possibility of physical injury associated with the Sports Camps, I hereby release, discharge and/or otherwise indemnify the Jesuit All Sports Camp and Jesuit College Preparatory School, their employees and associated personnel, including the registrant as a result of the registrant's participation in the camp.

I further grant permission to transport the registrant of the Jesuit All Sports Camp Level II and Adventure Camp to and from activities during the camp and I hereby release, discharge and/or otherwise indemnify the Jesuit All Sports Camp, Jesuit College Preparatory School, their employees and associated personnel.

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Parent Name (Please Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_