

Registration form for Denver Lutheran High School Summer Camps

- * Once registered, more specific information will be sent regarding equipment, activities etc.
- * Use one registration form per student athlete.
- * You may sign up one student athlete for more than one camp.
- * Each camp costs \$60.00.

Please register my son/daughter for the following camps:

<u>CAMP</u>	<u>DATES</u>	<u>GRADES/TIMES</u>	<u>CONTACT PERSON</u>
<input type="checkbox"/> Boys Basketball	June 7-10	4,5,6- 8:30-10:30 7,8,9-11:00-1:00	Ryan Bredow 303/934-2345 ext 3306 ryan.bredow@denverlhs.org
<input type="checkbox"/> Girls Basketball	June 14-17	4,5,6- 8:30-10:30 7,8,9-11:00-1:00	Randy Gager 303/934-2345 ext 3505 randy.gager@denverlhs.org
<input type="checkbox"/> Tennis	July 19-23	G-4-6 8:30-9:20 G-7-9 9:30-10:30 B-4-6 10:30-11:20 B-7-9 11:30-12:20	Mark Hollenbeck 303/934-2345 ext 1201 mark.hollenbeck@denverlhs.org
<input type="checkbox"/> Football	August 2-5	4 th -8 th 8:30-11:00	Joel Brase 303/934-2345 ext 1302 joel.brase@denverlhs.org
<input type="checkbox"/> Volleyball	August 9-12	4,5,6- 8:30-10:30 7,8- 10:45-12:45 9- 1:30-3:30	Alicia Oates 303/934-2345 ext 1303 alicia.oates@denverlhs.org
<input type="checkbox"/> Softball	August 9-13	6:00-8:00pm	Joe Garmatz 303/274-6760 jggarmatz@msn.com

Name: _____ Age _____ Grade(10-11 school year) _____

Address: _____ City _____ Zip _____

Phone# _____ Email Address _____

Adult T-Shirt size S M L XL XXL

I hereby authorize the directors of the Denver Lutheran High sports camps to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release the camp of all liability for any illness or injuries incurred by the above named participant while at camp.

My son/daughter has adequate insurance coverage through a family plan or policy.

Parent or Guardian's name (printed)

Parent or Guardian's signature