



JUNE 25-29 Registration begins Now until May 25th

At Coach Kiernan's All-Sports Clinic students will enjoy many of the games that are played in PE class. The games include, but are not limited to: STING, PAC-MAN, Bombardment, Hot Bubble/Cold Bubble, Flag Attack, Trash-It, and many more! A variety of sports will also be enjoyed including: basketball, volleyball, flag football, and soccer. Students will be grouped according to age and skill level to provide the most competitive and enjoyable experience. Individual and team awards will be given at the conclusion of the week to top performers.

Grades 3-8 AFTERNOON SESSION
Girls and Boys
FULL DAY 8:00AM-2:30PM
HALF DAY 11:30-2:30PM (AFTERNOON ONLY)

FULL DAY
\$190.00

STUDENTS ARE REQUIRED TO BRING THEIR OWN BAGGED LUNCH
 THIS FEE WILL INCLUDE A CAMP T-SHIRT AND OTHER GIVE-A-WAYS.

All campers are required to bring a large water bottle or thermos.

No street shoes in gymnasium. Please be sure your child dresses ready to play!

If you are enrolling more than one child, please fill out additional forms; checks can be made into one payment.

HALF DAY
\$100.00

HALF DAY IS OFFERED ONLY IN THE AFTERNOON
 THIS FEE WILL INCLUDE A CAMP T-SHIRT AND OTHER GIVE-A-WAYS.

Please make all checks payable to: Sean Kiernan

Please cut, fill out, and return to Saint Joseph Catholic School in a sealed enveloped marked:
 Attention: ALL Sport Clinic

Player Name: _____

Age and Upcoming Grade: _____

Address: _____

Phone: _____

School Attending: _____

Email: _____

Parents Names:

Mother: _____

Phone: _____

Father: _____

Phone: _____

Person to contact in case of emergency:

Name: _____

Phone: _____

List any special medical problems we should be aware of:

Parental Consent:

The undersigned parent or guardian understands that the applicant will be engaging in activities that may result in physical injury. St Joseph School, its directors and employees, will be released from any and all liability from personal injury. I hereby give permission for my son/daughter to participate in the Sports Clinic and be treated by a licensed physician in the event of injury. I hereby give my permission for emergency treatment in the event that I cannot be reached. Furthermore, I agree to pay for this service.

 Parent signature Date

Adult Shirt Size (Circle One)
 S M L XL

Youth Shirt Size (Circle One)
 S M L

HALF DAY
 FULL DAY