2022 Summer Sports Camp

Dear Parent or Guardian,

In order for your child to participate in the Summer Sports Camp, we need your consent and involvement in helping your child have a productive and safe experience. Please read carefully and sign this consent form.

This is a first come, first serve basis enrollment or by referral. It will be a limited participation program for current SPS students only. Camp will begin on June 6, 2022 from 8:00 am to 1:15 pm Monday through Thursday. The last day of the program will be June 16, 2022. **We will only be accepting 10 students per grade level (K through 8th) for safety reasons.**

Please be aware that your child will take the bus or walk home after each session. Your child will also be entitled to breakfast and lunch in the main cafeteria. If you have any questions, suggestions or concerns, please contact the school at (928) 672-2652.

NOTE: It is vital that your child return this form and the Sports Camp Behavior Contract in order to participate in the program by May 27, 2022 in the Elementary Office.

In connection with and consideration of my child's participation in the Sports Camp, I, on behalf of my child and myself hereby represent and agree as follows:

- I understand that my child will be a participant in the Sports Camp and I hereby give permission for him/her to serve as an athlete.
- I understand that my child will be provided an orientation prior to participation for the safe and responsible performance in the camp. He/she will be expected to meet all requirements, including regular attendance and adherence to school policies and procedures.
- Should my child require emergency medical treatment, first aid, or transportation to a medical facility as a result of illness or injury, I consent to any such treatment.
- I represent and warrant that my child is in good physical condition, and has no physical, health related or other problems which would preclude or restrict his/her participation in the Sports Camp.

Child's Name	Age	Current Grade
Your printed name	Your Signature	Date
Emergency Contac	t Name:	
Emergency Contac	t Number:	

