

St. Cornelius Catholic School

Summer Athletic Training 2017

Summer Athletic Training:

- Directed & coached by Mr. Jon McMaster
 - St. Cornelius Junior High ELA teacher & football coach
 - 25 years of coaching experience
- For St. Cornelius students entering 5th - 8th grade
- 10 hours of athletic training per week
- Monday - Thursday 8:30-11:00 a.m. - Large Hall
- \$45 per student/per week
- Training for beginners and for experienced athletes
- Improve focus, repetitive-motion, body awareness & flexibility
- General sports conditioning

Name(s) of Parent(s) _____

Mother: Cell _____ Work _____ (call: first / second)

Father: Cell _____ Work _____ (call: first / second)

Parent's Email _____

Emergency Contact: Name: _____ Relationship to child _____ Phone _____

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<u>Child's Name</u>	<u>Grade</u>	<u>Allergies</u>	<u>Medications/Dosage (doctor's note needed)</u>
_____	Gr. _____	_____	_____
_____	Gr. _____	_____	_____

7 Weeks - please place an X next to each week that you are registering your child

- _____ Week 1: June 26 - 29
(skip a week)
- _____ Week 2: July 10 - 13
- _____ Week 3: July 17 - 20
- _____ Week 4: July 24 - 27
- _____ Week 5: July 31 - Aug. 3
- _____ Week 6: August 7 - 10
- _____ Week 7: August 14 - 17

_____ # of weeks at \$45 per child \$ _____

Office Use Only

Paid _____ Date _____

Check # _____ Cash - Credit

St. Cornelius School Athletic Training

STUDENT AND YOUTH ACTIVITY PERMISSION FORM

Child's Name _____

Activities/Locations: St. Cornelius Parish Hall (Large Hall)

Days: Monday, Tuesday, Wednesday, Thursday

Time: 8:30 - 11:00 a.m.

Attire:

- **Athletic shoes** with socks must be worn at all times in Sports Camp
- Athletic clothing (shorts and shirt)

I request that my son/daughter be permitted to participate in the above activities. My child has no medical condition that would render it inappropriate for him/her to participate in this activity. I have returned the Health and Medical Release Form to the school/parish. I agree to direct my child to cooperate and conform to directions and instructions of the parish, school or Archdiocesan personnel responsible for this activity.

As a condition of participating in this activity, I hereby release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the school and parish, their respective employees and any parent/volunteer chaperone, from any and all claims for personal injuries, wrongful death or property damage that my son/daughter may suffer as a result of participation in the activity described above, whether or not such injuries or damage are caused by the negligence (active or passive) of the Archdiocese, the parish, the school or their employees or chaperones.

Should it be necessary for my son/daughter to have medical treatment while participating in this trip, I hereby give the responsible personnel or chaperones permission to use their judgment in obtaining medical service, and I give permission to the physician selected by the school personnel or chaperone to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request.

I understand that the insurance benefits through the school or parish, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to indemnify and hold the school harmless from the cost of any medical treatment and related expense and cost incurred.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date