

**MADISON CENTRAL HIGH SCHOOL
2025 SUMMER ATHLETIC CAMPS**

<u>SPORT</u>	<u>GRADE*</u>	<u>DATE</u>	<u>LOCATION</u>
Soccer (Girls/Boys)	1-6	May 27 - 30	MCHS Stadium
Cheer	K-7	May 27 - 30	MCHS Gym
Baseball	K-8	June 2 - 5	MCHS Baseball
Girls Basketball	K-6	June 2 - 5	MCHS Gym
Dance	K-7	June 9 - 12	MCHS Gym
Fastpitch Softball	1-6	June 9 - 12	MCHS Softball
Boys Basketball	3-8	June 16 - 19	MCHS Gym
Volleyball	3-8	June 23 - 26	MCHS Gym

Grade your child will be entering during the 2025-2026 school year.

For more information please email the athletic department at ldettman@madison-schools.com.
All camps will meet from 8:00-12:00 each morning. The cost for each camp will be \$100.00.
 Cost includes a T-shirt. Make check payable to Madison Central Big Blue. Please, fill out the form below, enclose your fee, and mail to:

**MCHS Jaguar Summer Camp
P.O. Box 1243
Madison, MS 39130**

Name _____ Parent/Guardian _____

Age _____ Grade 2025-2026 School Year _____ Family Physician _____

**T-Shirt Size: Adult S___ M___ L___ XL___ Youth S___ M___ L___
 (Please send in your registration early to ensure that your child gets the correct size shirt.)**

Telephone Home _____ Work _____

Address _____
 Street/Rt. Box City State, Zip

Camp(s) _____

Parent’s Release Form

By my signature below, I give consent for my child _____ to be treated, if required, by private physician and/or hospital in the event of illness or injury he or she may incur while enrolled in, and engaged in the activities of, the 2025 Sports Camp. I further agree that I will be obligated for all loss resulting from such treatment. I, as parent or legal guardian, have actual knowledge and appreciation of the particulars of the camp, including the risks involved in participating in the camp, and hereby voluntarily consent to said minor’s participation and assume the risks arising there from.

 Parent or Guardian

 Date