*****GULFPORT SCHOOL DISTRICT***

***2023-2024 ATHLETIC CAMPS***

**SPORT GRADES (’23-‘24) DATES LOCATION**

** Football Skills K-6th June 19-22 GHS Fieldhouse**

** Cheerleading K-6th June 19-22 Bert Jenkins Gymnasium**

** Boys Soccer K-6th September 26-29 GHS Soccer Field**

** Volleyball K-6th September 26-29 Bert Jenkins Gymnasium**

** Track/Cross Country K-6th October 2-5 GHS Fieldhouse**

** Girls Basketball K-6th October 2-5 Bert Jenkins Gymnasium**

** Boys Basketball K-6th January 2-5 Bert Jenkins Gymnasium**

** Girls Soccer K-6th January 2-5 GHS Soccer Field**

** Baseball K-6th March 19-22 GHS Baseball Field**

** Softball K-6th March 19-22 GHS Softball Field**

**(Please check ALL camps that your child will be attending)**

**For** **more information, please call the Gulfport Athletic Department, 228-896-9411. All camps will meet from 8:00-12:00. The cost for each camp is $60.00. You may either drop off the form and payment to the Athletic Department located in the Bert Jenkins Gym or mail the form and payment to the address listed below. Make check payable to GSD Athletics.**

**Gulfport Athletic Department**

**Attn: Athletic Camps**

**100 Perry Street**

**Gulfport, MS 39507**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_ Grade (**2023-24** School Year) \_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.)**

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City

**Parental Release Form**

By my signature, I give consent for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be treated if required, by private physician and/or hospital in the event of illness or injury may occur while enrolled in and engaged in the activities of the 2023-24 Athletic Camps. 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 risks involved in participating in the camp, and hereby voluntarily consent to said minor’s participation and assume the risks arising there from.

Yes\_\_\_ No\_\_\_ I consent to having my child’s photo, name, and achievements published in school newspapers/newsletters, school annual, school web page, and local newspapers.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Date