*****GULFPORT HIGH SCHOOL***

***2022-2023 ATHLETIC CAMPS***

**SPORT GRADES (’22-‘23) DATES LOCATION**

** Football Skills K-6th June 27-30 GHS Soccer Field**

** Cheerleading K-6th June 27-30 Bert Jenkins Gymnasium**

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

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

** Baseball K-6th October 3-6 GHS Baseball Field**

** Girls Basketball K-6th October 3-6 Bert Jenkins Gymnasium**

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

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

** Softball K-6th March 27-30 GHS Softball Field**

** Track/Cross Country K-6th March 27-30 GHS Fieldhouse**

**(Please check ALL camps that your child will attend.)**

**For** **more information please call the Gulfport Athletic Department, 228-896-9411. All camps will meet from 8:00 am-12:00 pm. The cost for each camp is $60.00. You may either drop off the form and payment to the Athletic Department Office 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_ Grade (**2022-23** School Year) \_\_\_\_\_\_\_ Family Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-Shirt Size: Adult S\_\_\_\_ M\_\_\_\_ L\_\_\_\_ XL\_\_\_\_ Youth S\_\_\_\_ M\_\_\_\_ L\_\_\_\_**

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 2022-23 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.

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Parent or Guardian Date