

Saint Mary's High School Summer Youth Enrichment Registration Form

Check
Box

Cooking & Art	June 4 - 8	8:00am-12:00pm	Ages 7-12 years	\$220
Cooking/Art/STEM/Swim	June 4 - 8	8:00am - 5:00pm	Ages 7-12 years	\$360
Cooking	June 4 - 8	8:00am - 10:00am	Ages 7-12 years	\$175
Art	June 4 - 8	10:00am - 12:00pm	Ages 7-12 years	\$175
Improv & Art	June 11 - 15	8:00am - 12:00pm	Ages 7-12 years	\$220
Improv/Art/STEM/Swim	June 11 - 15	8:00am - 5:00pm	Ages 7 -12 years	\$360
Improv	June 11 -15	8:00am - 10:00am	Ages 7-12 years	\$175
Art	June 11 - 15	10:00am - 12:00pm	Ages 7-12 years	\$175
Cooking & Art	June 18 - 22	8:00am - 12:00pm	Ages 7-12 years	\$220
Cooking/Art/STEM/Swim	June 18 - 22	8:00am - 5:00pm	Ages 7 -12 years	\$360
Cooking	June 18 - 22	8:00am - 10:00am	Ages 7-12 years	\$175
Art	June 18 - 22	10:00am -12:00pm	Ages 7-12 years	\$175
Cooking & Art	June 25 - 29	8:00am - 12:00pm	Ages 7-12 years	\$220
Cooking/ Art/STEM/Swim	June 25 - 29	8:00am - 5:00pm	Ages 7-12 years	\$360
Cooking	June 25 - 29	8:00am -10:00am	Ages 7-12 years	\$175
Art	June 25 - 29	10:00am -12:00pm	Ages 7-12 years	\$175
Cooking & Art	July 9 - 13	8:00am -12:00pm	Ages 7-12 years	\$220
Cooking/Art/STEM/Swim	July 9 - 13	8:00am - 5:00pm	Ages 7-12 years	\$360
Cooking	July 9 - 13	8:00am - 10:00am	Ages 7 -12 years	\$175
Art	July 9 - 13	10:00am -12:00pm	Ages 7- 12 years	\$175

CHECK THE SESSION ABOVE THAT YOUR CHILD WILL BE ATTENDING

Student Name _____ Age: __7__8__9__10__11__12

School currently attending: _____ Parent/Guardian Name: _____

Address _____ City _____ Zip _____

Email: _____ Cell Phone: _____

Medical Insurance: _____ Doctor/Phone#: _____ Emergency Contact: _____

I, the undersigned, parent or legal guardian of the above-named player request that my child/ward be allowed to participate in, and give my permission for his participation in those activities described above. I understand that no medical insurance is provided. I authorize the staff of St. Mary's High School to act on my behalf in an emergency requiring medical attention for the purpose of authorizing and signing any consents for any medical treatment and hospital care which is deemed advisable by and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act whether such treatment is rendered at the office of said physician or at a hospital. For the purpose of such treatment I also waive any privacy rights under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) with respect to my child/ward. I hereby release, agree to indemnify and save harmless St. Mary's High School and any and all of its staff or employees from any and all liability for any and all harm arising to my child/ward as a result of the activities described above.

We will take pictures at the Summer Camps. We would like to be able to use these photos on the SM social media sites or in publications. Please indicate below whether you give consent for your child to be included in the photos

_____ Consent Given

_____ Consent NOT Given

Parent/Guardian Signature _____ Date _____

Saint Mary's High School 2018 Girls Basketball Camps

June 18-20, 2018

SKILLS CAMP

Players will be grouped by age, skills and ability to work on all aspects of improving their game.

Grade: 3 - 8th Grade
Dates: Monday-Wednesday, June 18 - June 20
Time: 9am - Noon
Cost: \$75 . Due by June 20, 2018.
Place: St. Mary's Morelli Gym

Directed by
Tom Gonsalves

Staffed by
Assistant Coaches
Varsity Players

Make checks payable to:

SM Girls Basketball

Mail to:

Tom Gonsalves
2435 Summerset Ct.
Lodi, Ca 95242

For more information: contact Tom Gonsalves @ 327-5109

Or email: <mailto:stmarysgirlsbb@yahoo.com>

****Please detach, fill out and return with camp fee****

PLAYER'S NAME _____ GRADE (Fall '18) _____

ADDRESS _____ CITY & ZIP _____

PARENT/GUARDIAN'S NAME _____

PHONE (HOME) _____ (CELL) _____

PARENT EMAIL _____

T-SHIRT SIZE (Check one) Adult Sizes: __S __M __L __XL

FEE ENCLOSED: \$ _____ CHECK # _____



I, the undersigned, parent or legal guardian of the above-named player request that my child/ward be allowed to participate in, and give my permission for his participation in those activities described above. I understand that no medical insurance is provided. I authorize the staff of St. Mary's Girls Basketball Camp to act on my behalf in an emergency requiring medical attention. for the purpose of authorizing and signing any consents for any medical treatment and hospital care which is deemed advisable by and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act whether such treatment is rendered at the office of said physician or at a hospital. For the purpose of such treatment I also waive any privacy rights under the Health Insurance Portability and Accountability Act of 1996 (HIPPA)with respect to my child/ward. I hereby release, agree to indemnify and save harmless St. Mary's High School, St. Mary's Girls Basketball Camp and any and all of its staff or employees from any and all liability for any and all harm arising to my child/ward as a result of the activities described above.

Parent/Guardian Signature _____

Date _____

Saint Mary's High School Volleyball Camps 2018

Camp 1: June 4 - 7

All Skills Camp 8:30-11:00am Players entering grades 3-6, Fall '18 \$200

Camp 2: June 4 -7

**All Skills Camp 12:00-2:30pm
Players entering grades 7-12 in Fall '18 \$200**

Camp 3: June 12 & 14

**Scrimmage Camp. 1:00-3:00pm
Players entering grades 8-12 in Fall '18 \$100*
Come and PLAY MATCHES!! Open Gym Format***

Camp 4: June 11-13

**Setters Camp 9:30-12:00pm,
Players entering grades 6-12, Fall '18 \$175
anyone wanting to set at any level should attend**

Camp 5: June 14-15,

**Attack Camp.
10:00-12:00pm
Players entering grades 6-12 in Fall '18 \$150
****master the art of "spiking"******

Camp 6: June 11, 13 & 15

**High School Prep Camp 6:00pm - 9:00pm
All athletes grades 9-12 trying out for a team need to attend. \$150**

The purpose of these camps is to teach and improve upon the skills required to be a successful volleyball player, emphasizing passing, setting, attacking, blocking and serving. The Attack Camp places a focus on the skill of attacking the volleyball, working on approach, arm swing and shot selection. Setter's Camps will cover the fundamentals of setting from hand placement to footwork. The High School/J.O. Prep Camp is designed specifically for incoming high school age athletes looking to make positive contributions to their current or future teams. It is open to all athletes from all schools. A more recent addition is the scrimmage camp! PLAY and COMPETE! All camps will be directed by St. Mary's Head Coach and 1988 Olympian, Jayne McHugh, the Saint Mary's High School coaching staff, past and current players, and other local coaches and alumni.

Please make all checks payable to: **St. Mary's Volleyball**

MAIL TO:
Jayne McHugh
5204 Gadwall Ct.
Stockton, CA 95207

CAMP LOCATION
St Mary's High
5648 N. El Dorado Street, School, Morelli Gym:
Stockton, CA 95207

PLAYER'S NAME _____ GRADE (Fall '18) _____

ADDRESS _____ CITY & ZIP _____

PARENT/GUARDIAN'S NAME _____

PHONE (HOME) _____ (CELL) _____

PARENT EMAIL _____

CAMP: (Check Choices) 1 2 3 4 5 6

T-SHIRT SIZE (Check one) Youth: M L XL Adult: XS S M L XL

FEE ENCLOSED: \$ _____ CHECK # _____

I, the undersigned, parent or legal guardian of the above-named player request that my child/ward be allowed to participate in, and give my permission for his participation in those activities described above. I understand that no medical insurance is provided. I authorize the staff of St. Mary's Volleyball Camp to act on my behalf in an emergency requiring medical attention. for the purpose of authorizing and signing any consents for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of nearest Emergency Hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. For the purpose of such treatment I also waive any privacy rights under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) with respect to my child/ward. I hereby release, agree to indemnify and save harmless St. Mary's High School, St. Mary's Volleyball Camp and any and all of its staff or employees from any and all liability for any and all harm arising to my child/ward as a result of the activities described above.

Parent/Guardian Signature _____

Date _____



Saint Mary's High School 2018 Soccer Camp

July 11 - July 13, 2018

Boys and Girls Camp

Grade: 6th - 8th

Dates: July 11 - July 13

Place: St. Mary's High School

Time: 9 am - Noon

Cost: \$80

Directed by
Soccer Coaches
Nelson Rodriguez
Steven Farley

Staffed by
Varsity Soccer Players

Make checks payable to:

St. Mary's High School

For more information: contact Adam Lichter @ 957-3340 Ext 108

Or email: <mailto:athletics@saintmaryshighschool.org>

****Please detach form below, fill out and return with camp fee****

NAME _____ GRADE _____

ADDRESS _____ CITY & ZIP _____

PARENT/GUARDIAN'S NAME _____

PHONE (HOME) _____ (CELL) _____

PARENT EMAIL _____

T-SHIRT (Check one) Youth Sizes: __S __M __L __XL Adult __S __M __L

FEE ENCLOSED: \$ _____ CHECK # _____



I, the undersigned, parent or legal guardian of the above-named player child/ward be allowed to participate in, and give my permission for his participation in those activities described above. I understand that no medical insurance is provided. I authorize the staff of St. Mary's Soccer Camp to act on my behalf in an emergency requiring medical attention. for the purpose of authorizing and signing any consents for any medical treatment and hospital care which is deemed advisable by and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act whether such treatment is rendered at the office of said physician or at a hospital. For the purpose of such treatment I also waive any privacy rights under the Health Insurance Portability and Accountability Act of 1996 (HIPPA)with respect to my child/ward. I hereby release, agree to indemnify and save harmless St. Mary's High School, St. Mary's Soccer Camp and any and all of its staff or employees from any and all liability for any and all harm arising to my child/ward as a result of the activities described above.

Parent/Guardian Signature _____ Date _____

Saint Mary's High School 2018 Youth Soccer Camp

Unique Opportunity & Exceptional Coaches!

The Youth Day Camp is designed to improve the skills, performance and enjoyment of children of all ability levels in a fun learning environment. Each participant will not only improve their skills, but will have a blast doing it.

Ages: 5-12

Dates: June 18-June 22

Place: St. Mary's High School

Time: 8 am - 11:30 am

Cost: \$100

- ✓ skills development
- ✓ passing/receiving
- ✓ 1 v1 offense/defense
- ✓ small group play
- ✓ and much more ...

Directed by
Soccer Coach
Michelle Coleman

Make checks payable to:

St. Mary's High School

For more information: contact Michelle Coleman 209.351.4431

Or email: smgirlssoccer.michelle@gmail.com

****Please detach form below, fill out and return with camp fee****

NAME _____ GRADE _____

ADDRESS _____ CITY & ZIP _____

PARENT/GUARDIAN'S NAME _____

PHONE (HOME) _____ (CELL) _____

PARENT EMAIL _____

T-SHIRT (Check one) Youth Sizes: __S __M __L __XL

Adult: __S __M __L

FEE ENCLOSED: \$ _____ CHECK # _____



I, the undersigned, parent or legal guardian of the above-named player request that my child/ward be allowed to participate in, and give my permission for his participation in those activities described above. I understand that no medical insurance is provided. I authorize the staff of St. Mary's Youth Soccer Camp to act on my behalf in an emergency requiring medical attention. for the purpose of authorizing and signing any consents for any medical treatment and hospital care which is deemed advisable by and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act whether such treatment is rendered at the office of said physician or at a hospital. For the purpose of such treatment I also waive any privacy rights under the Health Insurance Portability and Accountability Act of 1996 (HIPPA)with respect to my child/ward. I hereby release, agree to indemnify and save harmless St. Mary's High School, St. Mary's Soccer Camp and any and all of its staff or employees from any and all liability for any and all harm arising to my child/ward as a result of the activities described above.

Parent/Guardian Signature _____ Date _____

Saint Mary's High School Boys Basketball Camps 2018

ROOKIE CAMP

For boys in grades 2-4 (Fall '18)
June 25-28 11am-2pm
Camp fee \$120, includes t-shirt.
(\$100 if paid by June 15)

INTERMEDIATE CAMP

For boys in grades 7-8 (Fall '18)
June 25-28 2pm-5pm
Camp fee \$120, includes t-shirt
(\$100 if paid by June 15)

FROSH-SOPH EVENING CAMP

For boys in grades 9-10 (Fall '18)
June 4-7 5:30pm-8:30pm
Camp fee \$120, includes t-shirt
(\$100 if paid by June 1)

YOUTH CAMP

For boys in grades 5-6 (Fall '18)
June 25-28 8am-11am
Camp fee \$120, includes t-shirt.
(\$100 if paid by June 15)

SHOOTING CAMP

For boys in grades 7-10 (Fall '18)
June 4-6 3:30pm-5pm
Camp fee \$60

*Mail to: St. Mary's High School Athletics
P.O. Box 7247 Stockton 95267
Or bring to: 5648 N. El Dorado St.*

For more information, please call the athletic office at 957-3340, ext. 108 or [email](#)
Checks payable to St. Mary's Boys Basketball

****Please detach, fill out and return with camp fee****

PLAYER'S NAME _____ GRADE (Fall '18) _____

ADDRESS _____ CITY & ZIP _____

PARENT/GUARDIAN'S NAME _____

PHONE (HOME) _____ (CELL) _____

PARENT EMAIL _____

CAMP: (Check Choices) Rookie Youth Intermediate Shooting F/S Evening

T-SHIRT SIZE (Check one) Youth: S M L XL Adult: S M L XL

FEE ENCLOSED: \$ _____ CHECK # _____



I, the undersigned, parent or legal guardian of the above-named player request that my child/ward be allowed to participate in, and give my permission for his participation in those activities described above. I understand that no medical insurance is provided. I authorize the staff of St. Mary's Boy's Basketball Camp to act on my behalf in an emergency requiring medical attention. for the purpose of authorizing and signing any consents for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of nearest Emergency Hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. For the purpose of such treatment I also waive any privacy rights under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) with respect to my child/ward. I hereby release, agree to indemnify and save harmless St. Mary's High School, St. Mary's Basketball Camp and any and all of its staff or employees from any and all liability for any and all harm arising to my child/ward as a result of the activities described above.

Parent/Guardian Signature _____

Date _____

Saint Mary's High School 2018 Cheer Camp

June 18-28, 2018

Mini-Cheer

Age: 5-8
Dates: Mon-Thurs. June 18 - June 21
Time: 9am - Noon
Cost: \$120
Place: St. Mary's High School

Intermediate-Cheer

Age: 9-13
Dates: Mon-Thurs. June 25 - June 28
Time: 9am - Noon
Cost: \$120
Place: St. Mary's High School

Directed by
Margo Kozina

Staffed by
Varsity Cheerleaders

Make checks payable to:

St. Mary's Cheer

For more information: contact Margo Kozina @ 957-3340 Ext 251

Or email: <mailto:mkozina@saintmaryshighschool.org>

****Please detach form below, fill out and return with camp fee****

NAME _____ AGE _____

ADDRESS _____ CITY & ZIP _____

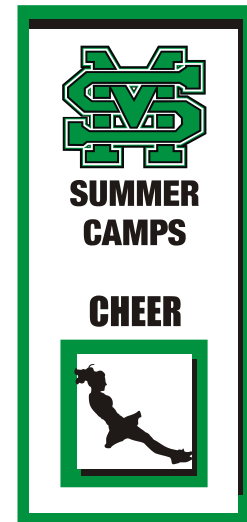
PARENT/GUARDIAN'S NAME _____

PHONE (HOME) _____ (CELL) _____

PARENT EMAIL _____

T-SHIRT SIZE (Check one) Youth Sizes: __S __M __L __XL

FEE ENCLOSED: \$ _____ CHECK # _____



I, the undersigned, parent or legal guardian of the above-named player request that my child/ward be allowed to participate in, and give my permission for his participation in those activities described above. I understand that no medical insurance is provided. I authorize the staff of St. Mary's Cheer Camp to act on my behalf in an emergency requiring medical attention. for the purpose of authorizing and signing any consents for any medical treatment and hospital care which is deemed advisable by and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act whether such treatment is rendered at the office of said physician or at a hospital. For the purpose of such treatment I also waive any privacy rights under the Health Insurance Portability and Accountability Act of 1996 (HIPPA)with respect to my child/ward. I hereby release, agree to indemnify and save harmless St. Mary's High School, St. Mary's Cheer Camp and any and all of its staff or employees from any and all liability for any and all harm arising to my child/ward as a result of the activities described above.

Parent/Guardian Signature _____ Date _____

Saint Mary's High School 2018 Elite Baseball Camp*

June 4th, 5th, 6th

Where: St. Mary's High School Baseball Facility

Time: 8:30 a.m. - 12:30 p.m. (Please check in 30 min. prior to day one start time)

Who: 2023s (Incoming 8th graders) & 2022s (Incoming 9th graders)

Cost: \$125.00 (Inc. Snack & Camp T-shirt)

Equipment needed: glove, bat, helmet, cleats, running/turf shoes, hat, baseball pants equipment they feel necessary to compete. Catchers bring your own gear. (no shorts) and any other

Instructors

St. Marys Varsity Baseball Coaching Staff

Please make checks payable to
St. Mary's Baseball

Send to: St. Marys High School
Baseball % Coach Randy Ortega
P.O. Box 7247
Stockton, Ca 95267

The St. Mary's baseball summer camp is an advanced, high level camp meant for competitive baseball players. We will emphasize the physical and mental skills it will take to become a successful high school player. Instruction will include hitting, fielding, throwing, pitching, catching, base running and the overall mental approach of a high level baseball player. Players will be given the opportunity to take part in individual and team drills used by the St. Mary's baseball program as well as take part in games and competition.

For more information- contact Coach Randy Ortega ortys26@hotmail.com or 209-406-4198

***Camp will be limited to 30 campers**

:: Please detach, fill out and return with camp fee ::

PLAYER'S NAME _____ GRADE (Fall '18) _____

ADDRESS _____ CITY & ZIP _____

PARENT/GUARDIAN'S NAME _____

PHONE (HOME) _____ (CELL) _____

PARENT EMAIL _____

T-SHIRT SIZE (Check one) Adult Sizes: __S __M __L __XL

FEE ENCLOSED: \$ _____ CHECK # _____



I, the undersigned, parent or legal guardian of the above-named player request that my child/ward be allowed to participate in, and give my permission for his participation in those activities described above. I understand that no medical insurance is provided. I authorize the staff of St. Mary's Elite Baseball Camp to act on my behalf in an emergency requiring medical attention. for the purpose of authorizing and signing any consents for any medical treatment and hospital care which is deemed advisable by and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act whether such treatment is rendered at the office of said physician or at a hospital. For the purpose of such treatment I also waive any privacy rights under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) with respect to my child/ward. I hereby release, agree to indemnify and save harmless St. Mary's High School, St. Mary's Elite Baseball Camp and any and all of its staff or employees from any and all liability for any and all harm arising to my child/ward as a result of the activities described above.

Parent/Guardian Signature _____

Date _____