READINGTON SUMMER SPORTS ACADEMY 2015

Camps are co-ed and everyone will get a chance to shine.

Your child's self-confidence will be fostered and fundamentals will be stressed.

Cost: \$130 for 1 week session.

All classes will report to the

Readington Middle School (unless otherwise noted).

Camp Directors- Mr. Dubroski & Mr. Yunos

Dates and Times of Sessions:

2nd grade thru 5th Grade Sessions

Will Meet at Readington Middle School from 8:00am – 12:00pm
July 6th – 9th Baseball/Soccer (Mr. Yunos & Mr. Dubroski)
July 13th – 16th Sport Fitness Games (Mr. Dubroski & Mrs. Sivo)
July 20th – 23rd Golf/Tennis (Mr. Dubroski & Mrs. Sivo)
July 20th – 23rd Lacrosse (2nd – 8th Grade) (Mr. Lillia & Mr. Yunos)
July 27th – 30th Basketball (Mr. Yunos & Mr. Dubroski)
6th thru 8th Grade Sessions including Lacrosse

Will Meet at Readington Middle School from 8:00am – 12:00pm June 29th – July 2nd Basketball (Mr. Yunos & Mr. Newcamp)

July 6th – 9th Soccer (Mr. Lillia & Mr. Newcamp) July 13th – 16th All Sports (Mr. Lillia & Mr. Yunos)

July 20th – 23rd Lacrosse (2nd – 8th Grade) (Mr. Lillia & Mr. Yunos) July 27th – 30th Baseball/Softball (Mr. Newcamp & Mr. Lillia)

Last Day for Registration is June 19, 2015

Please return this registration form with payment (check made out to Readington Board of Education) by mail or in person to:

Mr. Yunos, Readington Middle School

48 Readington Road, PO Box 700, Whitehouse Station, NJ 08889.

***Please choose the camp based on your child's grade as of the 2015-2016 school year.

Example - if he/she is currently in 5th grade, then they should be going to the 6-8 grade camp.

Thank you in advance for allowing us to coach your child. I hereby agree to allow my child to participate in Readington Sports Camps. I also do hereby release and hold harmless any coaches or supervisors for any injury that may occur in the normal course of participation.

There will not be a nurse on duty; please advise of any medical conditions.

Checks should be made out to Readington Board of Education.

Parent's Sig Date Phone#	gnature: Email Addr	ess	
Name of student:			
Camp(s): Session 1.	Session 2.	Session 3.	_
Any additional information	n (Allergies, etc)		