

Primary Parent(s)/Guardian(s) Name(s):

During camp times, please provide phone numbers where you could be reached in case of an emergency:

Home Phone:_____

Cell Phone:_____

Work Phone:_____

If you aren't able to be reached, please list two additional emergency contact names and phone numbers:

Name:_____ Phone:_____

Name:_____ Phone:_____

I hereby give my permission for the student listed on this form to participate in Ludlow's Summer Recreation Camps. I understand that Ludlow's Student Code of Conduct apply to these activities. I agree that the school district and the Wellness Alliance shall not be held responsible for any personal injuries or losses sustained during participation in the camp activities. If necessary, I hereby authorize staff to obtain emergency medical care for the student listed. I understand and give permission for the student listed to participate in activities on the school campus as well as surrounding areas including Ludlow's Stadium and Ludlow Park & Ball Fields.

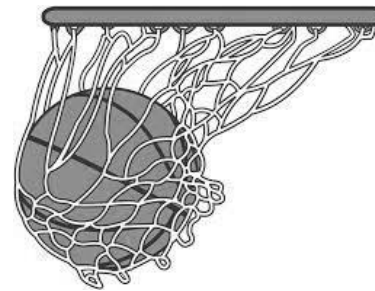
Signed:_____

Print Name:_____

Date: _____

LUDLOW'S SUMMER RECREATION CAMPS

OPEN TO LUDLOW STUDENTS
CURRENTLY IN GRADES 6-11



JOIN US FOR SUMMER FUN & FITNESS!

Stay active this summer!

All camps run 12:00-3:30pm, Monday-Friday.
Meet at the HS Gym each day at 12:00pm.

All camps are FREE!

Remember that a FREE lunch is served in the cafeteria on these days starting at 11:15am.

Camp Activities:

June 9 - 13

Open Gym & 3-on-3 Basketball

June 16 - 20

Flag Football & Ultimate Frisbee

July 14 - 18

Dodgeball & Kickball

July 21 - 25

Softball & Wiffleball

July 28 - August 1

Volleyball & Choose Your Own Game

Camps are sponsored by Ludlow's Physical Education Program Grant.
Contact Ludlow's Wellness Alliance Coach
Greg Taphouse at greg.taphouse@ludlow.kyschools.us
or 859-261-8210 with any questions.

Complete one registration form (BOTH sides) for each student attending camp. Registration forms should be turned in by May 23rd to your child's school office.

Student: _____

Current Grade: _____ Date of Birth: _____
Must be in current grades 6-11

CIRCLE BELOW the week(s) the student will participate.

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Open Gym & 3-on-3 Basketball

June 16 - 20

Flag Football & Ultimate Frisbee

July 14 - 18

Dodgeball & Kickball

July 21 - 25

Softball & Wiffleball

July 28 - August 1

Volleyball & Choose Your Own Game

List any medications or health/medical issues affecting your child at this time. It is the responsibility of the parent/guardian to contact Greg Taphouse in writing if there is a change to this information during the week(s) of camp:

Complete BOTH sides, then cut along dotted line and return this portion.

