

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.

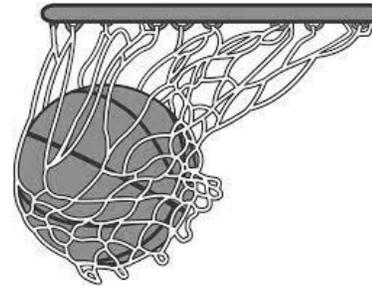
Signed: _____

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.

Students should bring a water bottle with them.

Camp Activities:

June 15 - 19

Open Gym & 3-on-3 Basketball

June 22 - 26

Flag Football & Ultimate Frisbee

July 13 - 17

Dodgeball & Kickball

July 20 - 24

Softball & Wiffleball

July 27 - 31

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 859-261-8211 with any questions.

Complete one registration form (BOTH sides) for each student attending camp. Registration forms should be turned in by June 3rd to your child's school office.

Students should bring a water bottle with them.

Student: _____

Current Grade: _____ Date of Birth: _____

Must be in current grades 6-11

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

June 15 - 19

Open Gym & 3-on-3 Basketball

June 22 - 26

Flag Football & Ultimate Frisbee

July 13 - 17

Dodgeball & Kickball

July 20 - 24

Softball & Wiffleball

July 27 - 31

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.

