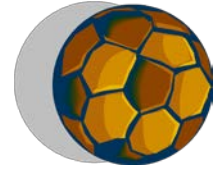


Community Unit School District 303



2018
Thompson Middle School
Summer Athletic Camps



Dear Parents,

As you know, summer is just around the corner and we are busy planning our summer athletic camps. Our camps will offer a variety of opportunities for students to improve their skills and have fun in five different sports! All summer athletic camps will be facilitated by the District 303 coaches. Students will participate in a variety of skill-building activities and will be introduced to the same plays and philosophies that they will use when participating in middle school athletics. The philosophy of our camps is simple: Have fun, improve skills, and learn good sportsmanship!

*Online Check, Credit Card, and Debit Card payments now being accepted.
Please visit [d303.org](https://store.d303.org) and click on the PushCoin Web Store
<https://store.d303.org>*

Thompson Middle School
7th & 8th Grade Center
305 S. 9th Street
St. Charles, Illinois 60174

Steve Morrill, Principal
Alicia Honnert, Assistant Principal
Jodi Falotico, Assistant Principal
Kristina McKnight, Assistant Principal

For additional information contact:
Thompson Middle School Athletic Directors
Chris Wilke - christopher.wilke@d303.org
Andy Cusack - andrew.cusack@d303.org



Community Unit School District 303

2018 Thompson Middle School Summer Athletic Camp Schedule

Price of each camp will be \$70.00 per child. The cost of the camp will include a T-shirt! Don't miss this opportunity to have fun and learn from the middle school coaches! All camps will start at the 7th/8th Grade Center.

Note: Grade level determined by grade student will be as of September 2018

	Days:	Time:	Dates:	Location:
Boys & Girls Basketball:				
7th grade boys	M-F	8:00am-9:30am	July 9-13	7/8 Gym
5-6th grade boys	M-F	9:30am-11:00am	July 9-13	7/8 Gym
8th grade boys	M-F	11:00am-12:30pm	July 9-13	7/8 Gym
6-8th grade girls	M-F	12:45pm-2:15pm	July 9-13	7/8 Gym
Cheerleading:				
6 th -8 th grade	M-F	2:00pm-3:30pm	August 6-10	7/8 Cafe
Girls Volleyball:				
7 th - grade	M-F	8:00am-9:30am	August 6-10	7/8 Gym
5- 6th grade	M-F	9:30am-11:00am	August 6-10	7/8 Gym
8 th grade	M-F	11:00am-12:30pm	August 6-10	7/8 Gym
Boys Football:				
6 th - 8 th grade	M-F	8:00am -10:00am	August 6-10	7/8th Fields
Boys and Girls Cross Country:				
6 th -8 th grade	M-F	8:00am-9:30am	August 6-10	7/8th Fields

Please complete and turn in the emergency form and the registration form located on the next two pages at least a week before the start of the specific camp (if you miss the deadline please email the coach directly to see if there are still openings for the camp).

If a refund is necessary it must be requested within 30 days of the camp.

Community Unit School District 303

Registration Form

Please complete and return this **registration form** along with the **emergency information form**.

New This Year – Electronic Check Payments Now Being Accepted!
Enjoy quick and easy secure online registration using a checking or savings account!

To register online visit <https://store.d303.org>

Student Name: _____ Grade Level Fall 2018: _____

Sport 1: _____ Dates: _____ Time: _____

Sport 2: _____ Dates: _____ Time: _____

Sport 3: _____ Dates: _____ Time: _____

T-shirt Size (Circle One): Adult S Adult M Adult L Adult XL

Camp Fee: \$ _____ (\$70.00 per camp)

Amount Enclosed: \$ _____

Make checks payable to Thompson Summer Athletic Camps.

**Return to: Thompson Middle School
7th & 8th Grade Center
Attention: Summer Camp
305 S. 9th St,
St. Charles, IL 60174
331-228-3100**

Refund Policy

- There is a \$25 processing fee for refunds.
- No refunds will be given after the second day of camp.
- A full refund will be issued if class is cancelled due to lack of enrollment or there is a documented illness or injury.
- There are no partial refunds or credits for absences.

Community Unit School District 303

Emergency Information

Please include the following information so that your son/daughter may receive proper care in the event of an injury/emergency:

Student Name: _____ Birth Date: _____

Parent/Guardian: _____ Student ID #: _____

Address: _____ Home Phone: _____

City: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

Family Physician: _____

Address: _____ Phone: _____

Please List:

Medical Condition(s): _____

Medications Taken & Why: _____

Allergies: _____

Please Note: There will not be a nurse on site during the summer camps. Medications will not be administered during the summer camp hours.

Emergency Contact (if parents cannot be reached):

Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Insurance Coverage/Medical Release:

I realize that my son/daughter must be covered by our family accident/health insurance coverage for all treatment expenses. I/we give permission for the above named student to participate in organized activities, realizing that such activity involves the potential for injury which is inherent in all sports.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Concussion Protocol:

I agree to abide by all conduct rules and will behave in a sportsmanlike manner. I agree to follow the coach's instructions, playing techniques, and training schedule as well as all safety rules.

I understand that Board policy 7:305, Student Athlete Concussions and Head Injuries, requires, among other things, that a student-athlete who exhibits signs, symptoms, or behaviors consistent with a concussion or head injury must be removed from practice or competition at that time and that the student will not be allowed to return to play or practice until he or she has successfully completed return-to-play and return-to-learn protocols, including having been cleared to return by the treating physician licensed to practice medicine in all its branches or a certified athletic trainer under the supervision of a physician.

Parent Signature: _____ Date: _____