

BASIC INFORMATION

Lancer Sport Camps are not covered by accident insurance. Please check with your Health Insurance carrier. The Board of Education of District 201 assumes no liability for accidents that may occur.

Please make checks payable to:

Belleville East High School

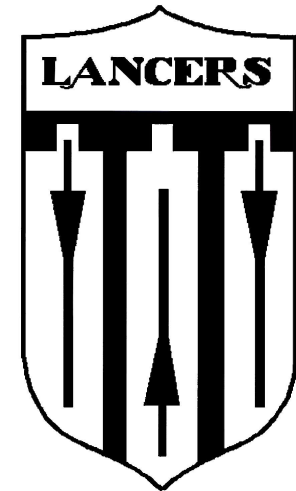
Please fill out an application for each camp and return to:

Lancer Sport Camps
Belleville East High School
2555 West Blvd.
Belleville, IL 62221

For additional information contact:
Jim Reynolds, Athletic Director
at (618) 222-3730

The Athletic Department
Belleville East High School
2555 West Blvd.
Belleville, IL 62221

BELLEVILLE EAST LANCERS



SUMMER SPORT CAMPS 2008

SPORT	DATES	INCOMING GRADE	TIME	FEES*	LOCATION
BASKETBALL—BOY'S	June 9-13	7-8	10:00-12:00	\$50.00*	Gym Annex
	June 9-13	10-12	3:00-5:00	\$40.00*	Gym Annex
	June 16-20	9	3:00-5:00	\$40.00*	Gym Annex
BASKETBALL—GIRL'S	June 2-6	10-12	7:30-9 & 1-3	\$40.00*	Gym Annex
	June 2-6	4,5,6	9:00-11:00	\$50.00	Gym Annex
	June 2-6	7,8	11:00-1:00	\$50.00	Gym Annex
	June 2-6	9	1:00-3:00	\$40.00*	Gym Annex
CROSS COUNTRY (Boys & Girls)	June 16-20	6-12	8:00-10:00	\$40.00*	Gazebo behind gym
FOOTBALL	June 16-19	7-9	8:30-10:00	\$40.00*	Practice Field
	June 16-19	10-12	10:30-12:30	\$40.00	
Camp cost includes 25 contact days and conditioning days Incoming Frosh. will start lifting & conditioning after camp. WEBSITE: http://bths201.org/east/Athletics/Football					
GOLF	June 23-26	6-8	8:30-10:00	see brochure	TBA
	June 23-26	9-10	10:15-11:45	see brochure	TBA
Email tneutzling@bths201.org for more information.					
SOCCER (Boys & Girls)	June 16-19	7-12 boys	8:30-10:30	\$40.00*	Practice Area-behind Sandy's Back Porch
	June 16-19	7-12 girls	10:30-12:00	\$40.00*	
SOFTBALL	June 9-13	2, 3, 4	7:30-8:45	\$30.00	Softball Field
		5, 6, 7	9:00-11:00	\$50.00	
		8	11:15-1:15	\$50.00	
		9	11:15-1:15	\$40.00*	
TENNIS	Basic Skills Camp		2:00-4:00	\$40.00	Tennis Courts
	June 23-26	5-9			
Email rwendel@bths201.org for more information.					
VOLLEYBALL-BOY'S	July 7-11	6-8	8:00-10:00	\$40.00*	Gym Annex
	July 7-11	9-12	10:00-12:00	\$40.00*	Gym Annex
VOLLEYBALL-GIRL'S	June 23-27	8-9	10:00-12:00	\$40.00*	Gym Annex
	June 23-27	5-7	1:00-3:00	\$50.00	Gym Annex
WRESTLING	June 23-27	Ages 10-18	6:00-8:00pm	\$40.00*	Gym Annex
FEES	*Camp Fees for all camps for incoming Freshmen & current East students will be \$40.00. For all non-East students & grade school students the camp fee will be \$50.00 (unless otherwise noted.)				
INCOMING GRADE	The grade the student will be entering for the 08-09 school year.				
PARKING	<u>All</u> Parking must be in the Main Lot off West Blvd.				
WEBSITE	Forms can be accessed online: www.bths201.org/east				

Application/Parent Permission Form BTHE Summer Camps



(Please Choose One)

<input checked="" type="checkbox"/>	Sport Camp	<input checked="" type="checkbox"/>	Sport Camp	<input checked="" type="checkbox"/>	Sport Camp
<input type="checkbox"/>	Basketball-Boys	<input type="checkbox"/>	Football	<input type="checkbox"/>	Tennis
<input type="checkbox"/>	Basketball-Girls	<input type="checkbox"/>	Golf	<input type="checkbox"/>	Volleyball-Girls
<input type="checkbox"/>	Cross Country	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Volleyball-Boys
<input type="checkbox"/>		<input type="checkbox"/>	Softball	<input type="checkbox"/>	Wrestling

I am aware that playing or practicing to play/participate in any sport camp can be a dangerous activity involving MANY RISKS OF INJURY.

My son/daughter has my permission to participate in the camp indicated. The terms hereof shall serve as a **release and an assumption of risk** for my heirs, estate, executor, administrator, assignees, and for all members of my family. In the event of an injury or accident, my son/daughter has permission to receive immediate medical attention at the nearest facility if that care is deemed appropriate.

Name of Athlete _____		Age/Incoming Grade _____/_____	
Home Address _____		School Last Attended _____	
City, State Zip _____		Insurance Company _____	
Home Phone Number _____		Date of Last Physical _____	
Emergency Phone Number _____			
Adult T-Shirt Size _____		OR	Youth T-Shirt Size _____ (medium or large only)
Parent/Guardian Signature _____		Date _____	
Please mark appropriate box:			
<input type="checkbox"/> Check Included		<input type="checkbox"/> Will pay at camp	

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<input type="checkbox"/>	Basketball-Girls	<input type="checkbox"/>	Golf	<input type="checkbox"/>	Volleyball-Girls
<input type="checkbox"/>	Cross Country	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Volleyball-Boys
<input type="checkbox"/>		<input type="checkbox"/>	Softball	<input type="checkbox"/>	Wrestling

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