



WEST LAFAYETTE ATHLETICS

2024 SUMMER SPORTS CAMPS



For students in kindergarten through seventh grade in the current 2023-24 school year

<p>Volleyball \$40 May 29-31 WL HS Gym 1-2:30 p.m. (3- 5) 2:30-4 p.m. (6-7) Register at WL Volleyball</p>	<p>Boys Basketball \$55 May 28-31 WL HS/JH Gym 8:30-9:45 a.m. (2-5) 9:45-11 a.m. (6-7) Register at West Lafayette Youth Basketball</p>	<p>Girls Basketball \$55 June 3-6 WL HS/JH Gym 1-2:15 p.m. (K-5) 2:15-3:30 p.m. (6-7) Register at West Lafayette Youth Basketball</p>
<p>Baseball \$35 June 12-13 Bob Friend Field 9:00-10:30 a.m. (1-3) 10:30a.m.–12:00p.m.(4-7) Register at WL Baseball</p>	<p>Softball \$30 June 12-13 WL Athletics Complex 9:00-10:30 a.m. (1-3) 10:30-12:00 p.m. (4-7) Register at WL Softball</p>	<p>Soccer \$55 June 17-20 WL Athletics Complex 5:30-6:30 p.m. (K-2) 5:30-6:45 p.m. (3-7) Register at WL Soccer</p>
<p>Football \$40 July 22-24 WL Athletics Complex 2:30–4:00 p.m. (K-5) 4:00–5:30 p.m. (6-7) Register at West Lafayette Youth Football</p>	<p>Tennis Register at WL Parks and Recreation</p> <hr/> <p>Golf Email Joel Baumgarder at joel@wlgcc.com</p>	<p>Swim Group Lessons Private Lessons Camps Email Chris Klinge at klingec@wl.k12.in.us</p>

CAMP REGISTRATION

Three options for registering for all camps:

1. To register online, use the link for each sport.
2. Print and fill out the form on the following page. Mail form and payment to: West Lafayette High School Athletics / 1105 N. Grant St. / West Lafayette IN 47906 Checks payable to West Lafayette Athletics.
3. Drop form and payment to the Athletics Office or Main Office at school.

2024 WEST LAFAYETTE SUMMER CAMP APPLICATION (PLEASE FILL OUT ONE FORM PER STUDENT)

NAME _____ 2023-24 GRADE _____ PHONE _____

ADDRESS _____ EMAIL _____

T-SHIRT SIZE (CIRCLE) - (YOUTH) S M L (ADULT) S M L XL

LIST SESSION(S) STUDENT WILL ATTEND - INDICATE CAMP(S) BY SPORT AND TIME

I HEREBY GIVE CONSENT FOR MY CHILD TO ATTEND THE 2022 WEST LAFAYETTE SUMMER CAMP(S)

CONSENT AND LIABILITY WAIVER for WLCSC SUMMER SPORTS CAMPS

I give permission for my child/children (print name(s)) _____ to participate in the West Lafayette Community School Corporation (WLCSC) Summer Sports Camps. I understand that physical activity comes with inherent risks and I assume on behalf of the above-named child/children all risk of loss, damage or injury arising out of participation in the WLCSC Summer Sports Camps. On behalf of myself, the above-named child/children, my heirs, legal representatives and assigns, I hereby knowingly and intentionally hold harmless and release West Lafayette Community School Corporation, together with their respective directors, officers, affiliates, employees, officials, sponsors, and volunteers, from and against any and all claims, actions, suits and demands pertaining to or arising directly or indirectly out of any damage, loss, illness, injury, or death as a result of participation in these lessons including, without limitation, the negligence of WLCSC.

I authorize any representative of West Lafayette Community School Corporation to have the participant treated in any medical emergency during participation in swim lessons and I agree to pay all costs associated therewith.

Signature of Parent or Guardian _____ Date _____

ASTRA INSURANCE WAIVER

The undersigned, in my capacity as parent and/or legal guardian of _____ (child), hereby provides consent for my child to participate in _____ (event/activity). I understand participation in this event/activity is inherently dangerous and that injury and illness (including communicable diseases such as Influenza, MRSA, Coronavirus, etc.) are possible.

I agree that I and my child will comply with the stated and customary terms and conditions for participation in regard to protection against injury and infectious disease, both to my child and to others. If I observe any unusual or significant hazard during my child's participation, I will remove my child from participation and bring such to the immediate attention of an official. If I have reason to believe that my child may have become infectious, I will remove my child from participation until said risk has passed.

I agree to waive claims against West Lafayette Community School Corporation for any and all liability for injury or illness sustained by my child or any other person as a result of my child's participation in _____ (event/activity), whether caused by the negligence of West Lafayette Community School Corporation or otherwise, and agree to hold harmless and indemnify West Lafayette Community School Corporation from said liability.

PARENT/GUARDIAN _____