



Lansdale Catholic
High School

SUMMER
CAMP

Athletics

Mr. Robert Moran—Assistant Principal
215.362.6160 X124—rmoran@lansdalecatholic.com

June 18th—June 21st, 2018

Coed Soccer Camp

Coach: Mr. Robert Nydick, LC Athletic Director & Former Head Coach of Arcadia Men's Soccer

Contact: rnydick@lansdalecatholic.com

Ages: Grades 4th – 9th as of Sept 2018

Time: 9:00 a.m. – 2:00 p.m.

Cost: \$159

**** All Players Need to Bring Both Indoor & Outdoor Footwear**

June 25th-28th, 2018

Baseball

Coach: Mr. Nick Villucci, LC Baseball Head Coach

Contact: nvillucci@lansdalecatholic.com

Ages: Grades 4th – 9th as of Sept 2018

Time: 9:00 a.m. – 2:00 p.m.

Cost: \$159

Cheerleading Camp

Coaches: Ms. Becky Cucuzza, LC Cheerleading Coach

Contact: bcucuzza@lansdalecatholic.com

Ages: Grades 2nd – 9th grade as of Sept 2018

Time: 9:00 a.m. – 2:00 p.m.

Cost: \$159

July 9th—July 12th, 2018

Boys Lacrosse Camp

Coach: Mr. Christian Blair, LC Lacrosse Coach

Contact: cblair@lansdalecatholic.com

Ages: Grades 4th – 9th grade as of Sept 2018

Time: 9:00 a.m. – 2:00 p.m.

Cost: \$159

Boys Basketball Camp

Coach: Mr. Joe Corbett, LC Basketball Coach

Contact: jcorbett@lansdalecatholic.com

Ages: Grades 2nd – 5th as of Sept 2018

Time: 9:00 a.m. – 2:00 p.m.

Cost: \$159

July 16th—July 19th, 2018

Girls Basketball Camp

Coach: Mr. Joe Mack, LC Girls Basketball Coach

Contact: jmackjr@lansdalecatholic.com

Ages: Grades 2nd – 9th as of Sept 2018

Time: 4:00 p.m. – 9:00 p.m.

Cost: \$159

Boys Basketball Camp

Coach: Mr. Joe Corbett, LC Basketball Coach

Contact: jcorbett@lansdalecatholic.com

Ages: Grades 6 and up as of Sept 2018

Time: 9:00 a.m. – 2:00 p.m.

Cost: \$159



Register and pay for all Athletics Summer Camps On-Line at:

www.lansdalecatholic.com

Register by May 4, 2018 for 10% early bird discount.

Please bring completed Emergency Information Form with you the first day of camp.

NOTE: Camps may be cancelled due to lack of interest.

**EMERGENCY
INFORMATION**



PERSONAL INFORMATION -----

Camper's Name: _____ Date: _____ DOB: _____ Age: _____

Parent/ Legal Guardian Name: _____

Day Phone: _____ Evening Phone: _____

Emergency Contact (OTHER THAN PARENT OR GUARDIAN)

Name: _____ Relationship: _____ Phone: _____

BRIEF MEDICAL HISTORY -----

Chronic Illnesses: _____

Allergies: _____

Current Medication: _____

Chronic Injuries (i.e. sprained ankles, etc.): _____

Wears Protective Support/Brace: Y / N If yes, please indicate where: _____

Wears Glasses and/or Contact Lenses: Y / N If yes, please indicate which: _____

Date of Last Tetanus Booster: _____

Family Physician Name: _____ Phone: _____

Address: _____

CONSENT -----

I, _____, am the parent/legal guardian of (YOUR NAME) _____.

Give consent to my child's participation in the following camp(s): _____

In the event that hospital care is needed, and time allows, I prefer that my child be taken to _____ Hospital.

INSURANCE INFORMATION

Name of Insured: _____ Employer of Insured: _____

Insurance Company: _____ Policy/ Group Number: _____

In the event of an emergency that may arise from my child's participation in summer camp, I hereby authorize the certified athletic trainer or athletic coaching staff of Lansdale Catholic High School to consent to any medical treatment, diagnosis, and/ or hospital care by a physician licensed in this state.

Signature of Parent/ Legal Guardian: _____ Date: _____