

Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: H) _____

C) _____

W) _____

DOB: _____ Age: _____

Grade (Fall 2018): _____

T-Shirt Size (circle)

Youth: S – M – L – XL

Adult: S – M – L – XL – XXL

Enrollment is Limited

To secure your spot, please return a \$75.00
(per camp) check with form by
May 11, 2018 or go to the website,
www.wca-hsv.org to enroll and make a
\$75.00 payment per camp.

Westminster Christian Academy
Attn: Athletics Department
237 Johns Road
Huntsville, AL 35806
256-705-8243

OFFICE USE ONLY

Rec. App Sent AL Deposit Balance

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Westminster Christian Academy
Attn: Athletics Department
237 Johns Road
Huntsville, AL 35806

Westminster Athletic Camps 2018



**Baseball-Basketball-Football
Soccer-Softball
Volleyball**

Camp Location

Upper Campus
237 Johns Road
Huntsville, AL 35806

Contact Information

**Athletics Office
256-705-8205
John Knight
Assistant Camp Director
256-705-8243**

Camp Information

These sessions allow students the opportunity to learn new ideas and improve sport-specific skills. Also, our athletic camps are a great way for the students to get to know our coaching staff while learning the Westminster approach to athletics. Fundamental stations, individualized instruction, and daily competitions add to the fun-filled sessions.

Directions to our Upper Campus

Westminster's Upper Campus is located at the corner of Oakwood and Johns Road. Upon arriving in the Huntsville, AL area, take I-565 to the Research Park Boulevard exit. Continue on Research Park Boulevard, and exit at the Oakwood Road ramp. Turn west onto Oakwood. Continue to the first traffic light and turn north onto Johns Road.

How to Enroll

Go online to www.wca-hsv.org (click on top banner for Sports Camps) to register and pay online OR;

Complete the registration form and mail with a \$75.00 check per camp by

May 11, 2018 to:

Westminster Christian Academy

Athletic Office
237 Johns Road
Huntsville, AL 35806
256-705-8243
256-705-8205

BOYS

Date	Sport	Grade
June 11-14	Basketball-1	K5-5 th
June 11-14	Basketball-2	6 th -8 th
	Coach Ronnie Stapler	
June 25-27	Football-1	1 st -8 th
	Coach Louis LeBlanc	
June 11-13	Baseball	K-6 th
	Coach Jason Anderson	
June 18-20	Soccer	3 rd -8 th
	Coach Eric Batt	

(*GRADE refers to rising year of school)

GIRLS

Date	Sport	Grade
May 30-June 1	Softball	3 rd -8 th
	Coach Robert Hendricks	
June 4-6	Volleyball	3 rd -8 th
	Coach Holly Richards	
June 11-14	Basketball-1	3 rd -5 th
	Basketball-2	6 th -8 th
	Coach Becky Plott	
June 18-20	Soccer	3 rd -8 th
	Coach Eric Batt	

Camp Fee

\$75.00 per session (includes t-shirt)

Make checks payable to:

Westminster Christian Academy

Athletics Office
237 Johns Road
Huntsville, AL 35806
256-705-8243
256-705-8205

Check desired sessions

Boys

Date	Sport	Time
<input type="checkbox"/> June 11-14	Basketball-1	12-2:00
<input type="checkbox"/> June 11-14	Basketball-2	2:30-4:30
<input type="checkbox"/> June 25-27	Football	5:30-8 pm
<input type="checkbox"/> June 11-13	Baseball	8-11
<input type="checkbox"/> June 18-20	Soccer	8-11

Girls

Date	Sport	Time
<input type="checkbox"/> May 30-June 1	Softball	8-11
<input type="checkbox"/> June 4-6	Volleyball	8-11
<input type="checkbox"/> June 11-14	Basketball-1	8-10
<input type="checkbox"/> June 11-14	Basketball-2	10-12
<input type="checkbox"/> June 18-20	Soccer	8-11

****INSURANCE INFORMATION****

Parent's Insurance Co. _____

Policy Number _____

Emergency Contact (Name & Phone) _____

I (Parent) understand that each camper is responsible for all medical bills incurred at the Westminster Summer Programs (Athletic Camps). Excess insurance coverage on each camper is provided by Westminster, but only after the parent's insurance coverage is exhausted. I, also, hereby give my parental consent to the camp medical staff to evaluate and treat my child in any situation requiring medical attention. And I relieve all directors and staff members of the Westminster Summer Programs (Athletic Camps) of any and all liability resulting in any acts dealing with my child during this camp.

Signature of parent or guardian _____ Date _____

Camp Registration (over)