

Student's Name _____

SCN Summer Diving Camp

Session I* Wednesday - Friday June 10 - June 12
 Monday - Friday June 14 - June 18
 Session II Monday - Thursday June 22 - June 25
 Monday - Thursday June 29 - July 2
 Session III Monday - Thursday July 6 - July 9
 Monday - Thursday July 13 - July 16

*Due to snow days, session I has been modified

Beginner Camp: Ages 8 and up

Session I:

Class I	\$70	2:00 pm	2:45 pm	_____
Class II	\$70	2:45 pm	3:30 pm	_____

Session II:

Class I	\$70	2:00 pm	2:45 pm	_____
Class II	\$70	2:45 pm	3:30 pm	_____

Session III:

Class I	\$70	2:00 pm	2:45 pm	_____
Class II	\$70	2:45 pm	3:30 pm	_____

Advanced Camp: Student can perform the following dives (front dive, back dives, inward dives, front somersault) with the proper approach.

Session I:

Class IA	\$80	3:30pm	5 pm	_____
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Session II:

Class IA	\$80	3:30pm	5 pm	_____
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Session III:

Class IA	\$80	3:30pm	5 pm	_____
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Total \$ _____

2009

ST. CHARLES NORTH HIGH SCHOOL

SUMMER DIVING CAMP

ST. CHARLES NORTH HIGH SCHOOL

255 Red Gate Road, St. Charles

(630) 443-5710



Registration: Saturday, March 21st at 8 am—10 am

Cash, check or credit accepted

David Likar, Head Dive Coach

(630) 443-5710

John R, Athletic Director

(630) 443-5706

Parents and Divers,
Yes, summer is just around the corner and we are busy planning the SCN Summer Diving Camp. This year we have two beginners sessions and one advanced session. All sessions will be instructed by Coach Likar. All our divers must be at least 8 years old. We have set our registration day for Saturday, March 21st from 8 –10 am. **Registration is first come first serve.**

All the registration information will be available on-line. To access the SCN Diving Camp information on line you can go to **www.d303.org** or **www.athletics2000.com/scn**. Please keep in mind that this program is exclusively for residents of Community Unit School District 303. We have set our registration day for **Saturday, March 21st from 8 –10 am.**

Please bring your enrollment forms with you to the registration. **DO NOT MAIL IN YOUR FORMS.**

Please keep in mind that this program is exclusively for residents of
Community Unit School District 303

Information is available on the St. Charles website www.d303.org or If you have any question call David Likar at (630)443-5710 or email at dlikar@d303.org

EMERGENCY MEDICAL INFORMATION

The following information is furnished so that my son/daughter may receive proper care in the event of an injury:

Student Name: _____

Birth Date: _____ Student ID # _____

Email address: _____

Guardian/Parent _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Family Physician: _____

Address: _____ Phone: _____

Family Dentist: _____

Address: _____ Phone: _____

Please list

Medical conditions _____

Medications taken and why _____

Allergies _____

Please Note: There will not be a nurse on campus for Summer Athletics. Medications will not be administered during Summer Athletics hours.

Emergency Contact (if parents cannot be reached):

Name: _____

Home Phone: _____ Cell: _____ Work: _____

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: _____