2023 Knolhoff Townball Camp

Instructor:	Nick Knolhoff -	nknolhoff@wbsd113.org	(618) 698-9335
Grades: Dates: Time:	Wolf Branch Sch Currently 5 th - 8 June 5 th thru June 9 a.m 10 a.m. \$25 per student	e 8 th (4 Days)	Soccer Field
N		yable to: Nick Knolhoff or V o – please add child's name	
will switch pick up at l	teams with Mr. Kn Basic but could tak	olhoff. Sign up for a fun 4 days	different version of Townball and s of exercise! I will not be able to ay with just sending them down that ding on the day!
No T-shi	rts made for this	camp.	
	Knoll	noff Townball Camp Registi	ration Form
Check m	nade payable to	M & MEDICAL FORM by W Nick Knolhoff or Venmo hild's name & camp name)	
<u>Please Pr</u>	<u>rint</u>		
Child's Na	ame		_ Current Grade
Activity _			
	Check	Medical Form	
Parent Siç	gnature		Phone Number

^{*} Please Note: A Medical Form <u>NEEDS TO BE ATTACHED TO EACH CAMP FORM</u> *

Memorandum

Date: May 2, 2023

To: Participants of 2023 Summer Camps

Re: Registration Information for Summer Camps

To minimize any confusion due to the large number of summer camps being offered this year, the following rules will be in effect:

- 1. While the District is the host site of the camps, the camps are operated by the individual camp sponsors.
 - Therefore, any questions and concerns should **only** be directed to the camp sponsor. Each camp description contains the sponsor's contact information.
- 2. Following registration, should any changes to the camp description and/or schedule be necessary, they will be communicated to you by the camp sponsor.
- 3. Please complete a registration and medical form for each student for EACH CAMP.
- 4. If your child is participating in multiple camps, A SEPARATE CHECK, REGISTRATION FORM & MEDICAL FORM NEEDS TO BE WRITTEN FOR EACH CAMP.

Please write the name of the camp on the check's memo line.

All checks should be made out to the camp sponsor.

Any checks made out to Wolf Branch will be returned to you by the camp sponsor.

5. <u>Each check, registration and medical form should be sealed in an envelope with the</u> sponsor's name and the name of the camp printed plainly on the outside.

Please do not place more than one check in an envelope.

- 6. The office staff will not open the envelopes, but rather just forward each envelope to the sponsor whose name appears on the envelope
- 7. Discipline problems will not be tolerated. Normal Wolf Branch dress code is in effect. Positive behavior and attitudes will be expected from all participants. Misconduct, disrespect, or lack of attendance will all result in dismissal and loss of tuition, at the discretion of the sponsor.

Thank you for your cooperation.

MEDICAL AND CONTACT INFORMATION (Summer 2023) THIS FORM MUST BE COMPLETED FOR ALL CAMPERS & EACH CAMP

Name:					
Please check if NO known allergies:					
ALLERGIES:					
Food:					
	ation that may impact the camper:				
CONTACT INF	ORMATION (Parent/Guardian)				
Father:	Father's Day Phone:				
Father's Home Phone:	Father's Cell Phone:				
May the camp sponsor send text m	essages to this cell phone number?	Yes	No		
Father's e-mail:					
Mother:	Mother's Day Phone:				
Mother's Home Phone:	Mother's Cell Phone:				
May the camp sponsor send text m	essages to this cell phone number?	Yes	Nc		
Mother's e-mail:					
Caregiver:	Caregiver's Day Phone:				
Caregiver's Cell Phone:					
Emergency Contact #1:					
Day Phone:	y Phone: Cell Phone:				
Emergency Contact #2:					
Day Phone:	Cell Phone:				
Parent/Guardian Signature:	Date	e:			
Parents/Guardians Name	Phone Number				