

This is a sports camp that your children love. It's great fun that builds your child's sportsmanship, athletic skills, and confidence under the enthusiastic guidance of experienced and dedicated professionals.

GoodSports!™



Youth Sports Camp Summer, 2016

For boys and girls entering Kindergarten through sixth grade.

Conveniently Located at Lincolnwood School, 2600 Colfax, Evanston, IL.

Visit our website! www.goodsportsyouthcamp.com

GoodSports! 2016 Program

9:00am - 12:15pm

12:15pm - 12:30pm

12:30pm - 1:15pm

1:15pm - 1:30pm

Optional weekly Specialty Camps

Sports instruction and skill building

Lunch (Campers will bring a sack lunch)

Choose a recreational sport or quiet games

Pick Up

1:15 pm - 2:45 pm for additional cost

Registration Information

All alumni campers and their siblings will be enrolled on a priority basis. Open registration for Evanston residents and non-residents will begin on January 1, 2016. Mail applications to 2906 Central Street, PMB 177, Evanston, IL 60201-1234. Specialty Camps registration occurs in June. Additional information will be provided at our orientation meeting in early June.

QUESTIONS? CONTACT RICK OR SALLY WEILAND PHONE: 847-997-7567

EMAIL: goodsportsyouthcamp@gmail.com OR VISIT OUR WEBSITE AT www.goodsportsyouthcamp.com

GoodSports! teaches teamwork and cooperation through skill development and confidence-building activities.

Some sports camps may offer only repetitive instruction in one or two activities. At GoodSports! your son or daughter will get instruction from coaches and teachers in sports and activities including but not limited to:

- Soccer
- Basketball
- Baseball
- Dodgeball
- Tennis
- Volleyball
- Tumbling
- Lacrosse
- Art
- Floor Hockey
- Wrestling
- Many Other Activities

Plus these Great Features:

- Staff/Child ratio of 1:8 - Director, Teachers, Instructors, Counselors, Secretary
- Camp T-shirt; Prizes on Games Day
- Ice cream walks for grades K through 6
- Optional skill building afternoon Specialty Camps with different offerings each week Taught by experts/coaches.

GoodSports! is a premier instructional program emphasizing fitness and fun at all levels of athletic ability.

2016 Summer Schedule

Session I

Monday, June 13-Friday, July 1

\$660

Session II

Tuesday, July 5, -Friday, July 22

\$616 (Optional \$225.00 Per Week - Checks Only)

Payment Information

Open registration begins January 1, 2016. All alumni campers and their siblings will be enrolled on a priority basis until the session(s) fill. Please reserve your campers spot in a timely manner as we may not be able to "squeeze in" late applicants, even alumni campers. Payment in full is required at the time of registration. The tuition includes a \$30.00 per week non-refundable administrative fee. A full refund, minus the administrative fee, will be given in the event that a camper must withdraw prior to May 1, 2016. After May 1st refunds will be given for 50% of the tuition paid minus the administrative fee. Due to staffing and planning needs we can not offer tuition prorations for Session I. We can be flexible with enrollment in Session II for a combination of weeks. Sorry, no refunds or rebates after the sessions begin. Please talk to Sally or Rick if you have concerns or constraints with your tuition payment as we can set up a payment plan with you.

Registration Application

(Please review the payment information on reverse.)

Questions? 847-997-7567
EMAIL: goodsportsyouthcamp@gmail.com

Complete and return this application with **payment in full**. Make checks payable to GoodSports!™.
Mail to: 2906 Central Street, PMB 177, Evanston, IL 60201-1234. Specialty camps registration occurs in June.

Session I June 13-July 1

Session II July 5-July 22

Child's Name _____ Gender _____ Birthdate _____

Address (city, state, zip) _____

Home phone _____ School _____ Entering Grade _____

Email (Please print clearly.) _____

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

To be called in Emergency _____ Phone _____

Adults who may pick up Child _____

Friend to be grouped with _____

Parent signature for payment information _____ Date _____

I Paid \$ _____ Check # _____ Date _____ Online Customer ID: _____ Date _____
(Credit Card Payment Only)

II Paid \$ _____ Check # _____ Date _____ Online Customer ID: _____ Date _____
(Credit Card Payment Only)

To pay with a credit card online (Full Session Only) visit: www.goodsportsyouthcamp.com

Physician _____ Phone _____

Dentist _____ Phone _____

Allergies / Medical Information _____

Medical Insurance Carrier _____ Policy Number _____
(Medical insurance carrier and policy number is required for enrollment)

Information you would like GoodSports! staff to know about your child

Liability Waiver & Authorization for Emergency Medical Treatment

My Son/Daughter _____, age _____, has my consent to use the facilities of Community Consolidated School District #65 (classrooms and outdoor grounds) for instruction and training subject to a license issued to R. J. Weiland, Inc. by Community Consolidated School District #65. I agree to abide by all Community Consolidated School District #65 rules and regulations while on the property and to use its property in a safe and responsible manner. I waive, release and agree to hold harmless R. J. Weiland, Inc., doing business as GoodSports! and Community Consolidated School District #65, and members of the board of education, their employees, agents, officers, directors, corporate affiliates and students from or for any liability in connection with any injury, or loss of any kind or amount to my person or property which may arise out of or in connection with my use of the facilities of Community Consolidated School District #65 or of its Corporate affiliates, in Evanston, Illinois except for any injury, damage or loss which may be caused by the gross negligence or reckless behavior of R.J. Weiland, Inc. and/or Community Consolidated School District #65. I authorize permission for necessary emergency medical treatment for my child and agree to pay all deductibles and emergency room fees in the event that they are not covered by my medical insurance carrier.

Parent signature _____ Date _____