



## **1<sup>st</sup> Annual Owls Summer Sports Academy**

We are proud to announce the launch of our *1<sup>st</sup> Annual Owls Summer Sports Academy*. This will be a three-week camp like atmosphere where students can come and work on sport specific skills, socialize with their friends, and enjoy a safe and nurturing environment. The camp will be led by coaches from the Owls athletic program. Activities will include but are not limited to basketball, flag football, soccer, softball, baseball, volleyball, and cheerleading. There will be a cheer only camp the week of July 24<sup>th</sup>. Please see specific information regarding our summer program below. We look forward to working with your students and keeping them active over the summer!



**Dates:** July 24<sup>th</sup>- August 10<sup>th</sup> General Sports Academy (Monday-Thursday)

July 24<sup>th</sup>-July 27<sup>th</sup> Cheer Camp Only

**Time:** 9:00 AM-12:00 PM

**Locations:** CSEE/Trevor Park

**Grades:** Students entering grades 6-8

**Fee:** \$75.00 contribution per athlete (funds will go towards the CSEE athletic program)  
\$25.00 for cheer camp only

- All students will receive a camp T-shirt and daily snack

Please feel free to call or email me with any questions regarding this summer sports academy.

Thank you.

Sincerely,

Michael DeSimone  
Athletic Director, CSEE  
[mdesimone@cseeschool.org](mailto:mdesimone@cseeschool.org)  
914-476-5070 ext. 29

**Note: All registration fees must be submitted to Mr. DeSimone by Friday, June 9, 2017**



**OWLS SUMMER SPORTS ACADEMY**  
**CONSENT FORM**

<b>Student's (FULL) Name:</b> _____			<b>Grade/Class:</b> _____
<b>LAST</b>	<b>FIRST</b>	<b>M</b>	

**Address:**  
\_\_\_\_\_

<b>House #</b>	<b>Street</b>	<b>City/Town</b>	<b>State</b>	<b>Zip code</b>
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**Parent/Guardian's Name:** \_\_\_\_\_

**Telephone 1:** \_\_\_\_\_ **Telephone 2:** \_\_\_\_\_

**In the event a parent/guardian cannot be reached in the case of an emergency please contact:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

If your child requires medical attention and we cannot contact a parent and/or emergency contact person:

- I give permission for my child to get immediate medical treatment.**
- I do not give permission for my child to get immediate medical treatment.**

**Students' Pediatrician's/Doctor's Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Please describe any medical conditions or allergies your child may have that the school should be aware of (including allergies to specific foods).

\_\_\_\_\_

\_\_\_\_\_

My child does not have any medical conditions or allergies to food that I am aware of.

**I give permission for my child to participate in the Owls Summer Sports Academy from July 24<sup>th</sup> to August 10<sup>th</sup> from 9:00 AM-12:00 PM.**

- I give permission for my child to walk from CSEE to Trevor Park during the summer sports academy.
- I give permission for my child to walk home once the academy is over every day.
- I will be picking up my child at CSEE at 12:00 PM every day.
- Enclosed is my child's \$75.00 contribution towards the CSEE athletic program.
- Enclosed is my child's \$25.00 contribution for the Cheer only camp.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**COMPLETED PERMISSION SLIP AND CONTRIBUTION IS DUE TO MR. DESIMONE BY FRIDAY, JUNE 9, 2017**