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SUMMER SPORTS the CAMPS



REGISTRATION STARTS APRIL 13



BASKETBALL

Ages 7-11

Members \$45/Community\$60

June 15-18

9:00-11:00am



SOCCER

Ages 7-11

Members \$45/Community\$60

June 22-25

9:00-11:00am



VOLLEYBALL

Ages 7-11

Members \$40/Community\$50

July 6-9

9:00-10:00am

**Get active, learn new skills, and make
new friends in a fun environment.**

CALHOUN COUNTY YMCA

713 Hwy 35 S Port Lavaca TX 77979 361.551.2562



CALHOUN COUNTY YMCA SUMMER SPORTS CAMPS 2026

This enrollment form must be **COMPLETELY** filled out before we can accept any child for camp.

Fee: _____
Staff: _____
Date: _____

Please make a selection:

Mini Camp

- Basketball (ages 7-11)
- Soccer (ages 7-11)
- Volleyball (ages 7-11)

Date/Time

June 15-18 from 9:00-11:00am
 June 22-25 from 9:00-11:00am
 July 6-9 from 9:00-10:00am

Cost

\$45 Members/\$60 Community
 \$45 Members/\$60 Community
 \$40 Members/\$50 Community

CHILD'S INFORMATION

Name: _____ Date of Birth: _____ Age: _____ Gender: M or F
 Phone: (____) _____ Address: _____ City: _____ Zip: _____
 Does child have any known allergies _____

PARENT OR LEGAL GUARDIAN INFORMATION

Parent Name: _____ Relation to child: _____ Gender: M or F
 Date of birth: _____ Cell Phone: (____) _____ Work Phone: (____) _____
 Address: _____ City: _____ Zip: _____
 Employer: _____ Email Address: _____
 Authorized to pick up: ____ YES ____ NO*

ADULTS AUTHORIZED TO PICK UP CHILD AND/OR TO BE CONTACTED IN CASE OF EMERGENCY

Name: _____
 Address: _____
 Relation: _____
 Work Phone: _____
 Home Phone: _____
 Cell Phone: _____

Name: _____
 Address: _____
 Relation: _____
 Work Phone: _____
 Home Phone: _____
 Cell Phone: _____

My child has a regular physician. Below is the information for my physician, clinic/hospital preference:

Child's Doctor: _____ Address: _____ Phone#: _____
 Clinic/Hospital: _____ Address: _____ Phone#: _____

Child's Additional Information Section

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of: _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the nearest emergency facility for treatment deemed necessary by the medical attendant.

Signature of Parent or Legal Guardian

Date

