

Summit Academy

Lil' Dragons 2019-2020

Youth Intramural Athletic Programs

WHAT IS THIS?

This is a series of camps that teach developmental skills in Football, Cross Country, Basketball, and Soccer. The camps are facilitated by the Varsity coaching staffs, the Summit Academy Athletic Department, and the Summit Academy Booster Club.

WHO IS THIS FOR?

The Dragonites Cross Country club is for all Summit Academy and Summit Academy North Students grades K - 6. Flag Football, Basketball, and Soccer is for all Summit Academy and Summit Academy North students in grades 3 - 6.

WHEN DOES IT TAKE PLACE?

Flag Football games are played on Saturday, from 10-12, at Dragons Field or The Peak (weather Dependent).

Basketball and Soccer camps and games are on Saturdays only, 10-12, at the Peak.

Times and dates for all programs may adjust due to weather, availability of facilities, and holiday weekends.

All dates below are tentative and are subject to change.

HOW MUCH WILL IT COST?

Registration Fees are **PER** sport. This fee must be paid at the time your registration form is submitted to the Athletics Office. Payments should be made with cash, Or should be made on Family ID via PERSONAL DEBIT CARD.

NO PERSONAL CHECKS ACCEPTED!

If you have any question please contact the Assistant Athletic Director Mark White At:

mwhite@summit-academy.com (734)-955-6061

Dates			
<u>Dragonites XC</u>	<u>Basketball</u>	<u>Soccer</u>	<u>Flag Football</u>
9/10/2019- 10/17/2019	11/09/2019- 12/14/2019 (OFF 11/30)	1/18/2020- 2/15/2020	4/11/2020-5/16/2020
<u>Payment Due:</u> <u>9/9/2019</u>	<u>Payment Due:</u> <u>11/8/2019</u>	<u>Payment Due:</u> <u>1/17/2020</u>	<u>Payment Due: 4/10/2020</u>
Fee: \$45	Fee: \$65	Fee: \$60	Fee: \$65
K-5 th Grade	3 rd -5 th Grade	3 rd -6 th Grade	3 rd -6 th Grade

Summit Academy Athletic Department Registration and Medical Information Form

Select Sport: Dragonites XC **Football:** _____ **Basketball:** _____
Soccer: _____

Please return payment with signed, completed registration form to the Athletics Office.

NO PERSONAL CHECKS ACCEPTED.

Cash, Money Order or Certified Checks Only.

Circle your Grade:

K / 1st / 2nd / 3rd / 4th / 5th / 6th

Circle Your Shirt Size:

YS / YM / YL / AS / AM / AL / AXL

School Attending:

Summit Academy Flat Rock Summit Academy North Elementary Summit Academy Middle School

Player: _____ Birth Date: _____ M/F Grade: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian: _____ Phone Number: _____

Email: _____

Emergency Contact and Phone Number: _____

I am interested in volunteering as a coach: YES ___ NO ___

Player's Health History:

Has your child had or does your child have any of the following medical difficulties? (If you answer YES to any please describe the problem and its implication for proper first aid treatment.)

Head Injury Y/N Allergies Y/N Shoulder Injury Y/N Fainting Spells Y/N Hernia Y/N Knee Injury Y/N Epilepsy Y/N
Diabetes Y/N Broken Finger Y/N Neck/ Back Inj. Y/N Heart Murmur Y/N Broken Arm Y/N Kidney Prob. Y/N
Poor Vision Y/N Asthma Y/N Poor Hearing Y/N High BP Y/N Neurological Cond. Y/N

I understand that Summit Academy Athletic Department, Schools, and member associates will not be held responsible for any injuries. I accept responsibility for any medical bills incurred, as well as costs for transportation by means of ambulance or motor vehicle to a hospital if necessary. By my/our signature I/we accept all the responsibility while my/our child is participating in practice, games, etc., and traveling to and from such activities.

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINOR CHILD

I/we _____ and _____ do hereby state that we are the natural parents/legal guardians having legal custody of _____ a minor, age _____, born _____. I/we authorize an adult agent of the Summit Academy Athletics/Schools to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis of treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of Michigan, when the need for such treatment is immediate, and when effort to contact me/us are/is unsuccessful.

X
SIGNATURE OF PARENT(S) GUARDIAN(S)

DATE