

Putnam Valley Intramural Camp

Flag Football

Floor Hockey

Wall Ball

Whiffleball

Basketball

Medic

Wall Climbing

Kickball

Challenges/Races

And many more...



July 25th-July 29th
or
August 1-August 5

Come play all your favorite Gym class games!

Camp Overview:

Participants will play their favorite gym class games to help them become better athletes. Participation, socialization, learning, and fun are emphasized through group activities, challenges, and games. Participants will be grouped by age, ability, and physical maturity.

Week: July 25th-29th and/or August 1st-5th (Campers may pay to attend both camps)

Location: Putnam Valley Middle School Gymnasium

Time: 9:00am - 2:00pm (Drop-off can start as early as 8:30)

Grades: Kindergarten - 8th grade (Grade Level as of 2010-2011 school year)

Cost: \$135 per camper, \$115 for 2nd child (All participants will receive a camp shirt)

Equipment: Lunch and sneakers Optional: Water bottle, sun block/hat etc...

For additional questions, please contact Mick Coleman
by email: mcoleman@pvcsd.org or by phone (845) 528-8101

Please fill out and return the attached form with check or money order.

Registration and money due June 17th!!

Putnam Valley Intramural Camp

Informed Consent Form

I hereby give my permission for _____ to participate in 2011 Putnam Valley Summer Camp in the sport/activity of _____ and my child is in good health, and does not have any health related restraints that would not allow him/her to participate in such physical activity. It is my understanding that my child will comply with the policies of the Putnam Valley Central School District and the camp instructors. My child and I are aware that participating in the _____ Camp is a potentially hazardous activity. We assume all risks associated with participation in this sport or activity. I acknowledge that even with the best coaching, supervision, and observance of rules, injuries are still a possibility. I also understand that I have to either pick my child up or arrange to have transportation for my child at 2:00 each day. Further, I authorize the Camp Director(s) to provide emergency treatment of any injury or illness my child may experience if qualified personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Emergency Contact Information:

Parent\Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Family Physician: _____ Telephone Number: _____

Medical Conditions: _____

Any known Allergies (Medical, food, or other): _____

Child's Date of Birth: _____

Other Person to Contact in Case of Emergency: _____

Relationship with person: _____

Home Phone: _____ Cell Phone: _____

I understand this informed consent form and agree to its conditions.

Parent\Guardian: _____ Date: _____

Week Attending (Circle one): July 25th-29th or August 1st-5th

T-Shirt Size Information (Youth or Adult):

Please Circle the size t-shirt the player would like to receive.

YXS YS YM YL AS AM AL AXL

Please make checks payable to: Putnam Valley School District

Please write "Putnam Valley Intramural Camp" in the memo area of the check. Return the registration form with payment to the Putnam Valley Middle School's front office or mail payment to:

Putnam Valley Middle School

142 Peekskill Hollow Road

Putnam Valley, NY 10579

Attention: Mick Coleman