

Putnam Valley Intramural Camp

Flag Football

Floor Hockey

Badminton

Whiffleball

Wall Ball

Medic

Wall Climbing

Kickball

Challenges/Races

And many more...



Come play all your favorite Gym class games!

Camp Overview:

Participants will be 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 taught by teachers of the Putnam Valley Middle School, and will be grouped by age, ability, and physical maturity.

Date/Location: July 28th-Aug 1st at the Putnam Valley Middle School (Gymnasium)

Time: 9:00 am - 2:00pm....(Drop off starts at 8:45 am, Pickup no later than 2:15pm)

Grades: Kindergarten - 8th grade (Grade Level as of 2007-2008 school year)

Cost: \$135 per camper, \$115 for 2nd child

All participants will receive a camp shirt, and awards will be given out at the end of the week.

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

For additional questions, please contact Shawn Tarkington
by email: starkington@pvcasd.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 25th!!

Putnam Valley Intramural Camp

Registration Form

Mail this form in with your payment. Xerox copies of Registration Form accepted.

*Please use a separate registration form for each child you are registering.

Name: _____

Home Address: _____

School: _____

Grade/Age: ____ / ____ Favorite Sport: _____

Parent(s) Name: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____

Phone Number: _____ Cell Phone: _____

I give permission for my child, _____, to be treated for any medical emergency and be transported to the hospital if necessary. I understand that such physical activity involves the potential for injury. I acknowledge that even with the best coaching, supervision, and observance of rules, injuries are still a possibility. I also acknowledge that my child, (name of 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. 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.

Parent signature

Date

Please add your Pediatrician's name and phone number, as well as any special information we need regarding your child's health, please list here (Example: Allergies):

Pediatrician's name

Pediatrician's phone number

T-Shirt Size Information (Youth or Adult)

Please circle the size of the t-shirt you would like your child 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.

Please return the registration form with payment to the Putnam Valley Middle School's front office.

If you are unable to bring it to the school, please mail your registration form and payment to:

Putnam Valley Middle School

142 Peekskill Hollow Road
Putnam Valley, NY 10579

Attention: Shawn Tarkington