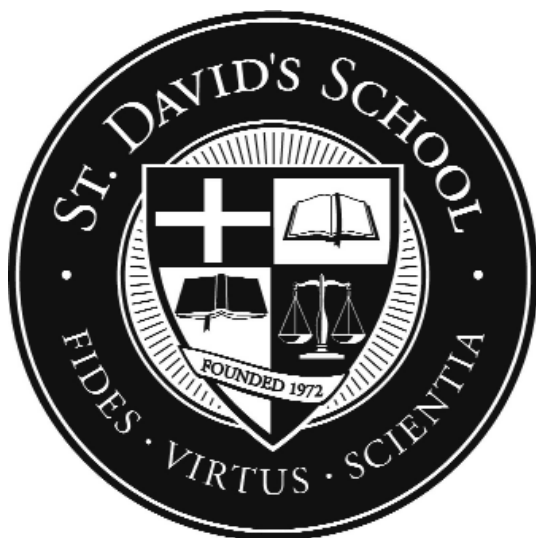


ST. DAVID'S SCHOOL

offers

Fun Camps

*Led by St. David's School
PE Teacher and Coach Kimberly Schroyer*



For students in Grades K-4

*October 12 from 12 to 3 pm
November 23 from 9 am to 12 pm
January 16 from 9 am to 12 pm
April 4 from 12 to 3 pm*

ST. DAVID'S SCHOOL

Fun Camps

led by PE Teacher and Coach Kimberly Schroyer



Who: Students in Grades K-4

When:

October 12 from 12 to 3 pm

November 23 from 9 am to 12 pm

January 16 from 9 am to 12 pm

April 4 from 12 to 3 pm

Where: St. David's Gymnasium

Price: \$30 each session

What to bring: Water bottle,
snack, athletic wear and gym shoes

Clinic Highlights: If you like PE then you will love Fun Camps! This experience is being offered for boys and girls ranging from K-4 at St. David's School. However, you can also bring a friend from anywhere! Each session will have individual and team sports along with fun PE games and activities. Some games will involve basketballs, soccer balls, bats, racquets, noodles, cupstacks, tagging and many PE favorites. The games may be divided by age and abilities of players. There will also be a break for snack or lunch and devotion time. Players will learn what God says about physical activity based on Phil. 3: 12-14. The activities will have competition, personal best, and teamwork, with an emphasis on fun, friendship and fitness while enjoying movement. Get ready to have fun and bring a friend!

Clinic Instruction: Coach Kimberly Schroyer has extensive experience teaching elementary age players and coaching volleyball youth during the past ten years with a BA Kinesiology and MAT. Her passion for PE, health, fitness and movement games challenge players to experience a variety of activities by achieving new psychomotor, affective and cognitive heights while honoring God and one another.

Contact: Grady Matthews
3400 White Oak Dr., Raleigh NC, 27609
gmatthews@sdsdsw.org

ST. DAVID'S SCHOOL

Fun Camps

Make checks payable to St. David's School. Each session is \$30.

Child's Name: _____

Grade (2011-2012): _____ Age: _____

Please check the session this child will attend:

- October 12, 12 to 3 pm, register by Oct. 7** **April 4, 12 to 3 pm, register by March 28**
 November 23, 9 am to 12 pm, register by Nov. 16
 January 16, 9 am to 12 pm, register by Jan. 9

There is a \$7 late fee for any application after the deadline for any camp.

Acceptance of late registrations is on a space available basis.

Parent(s): _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work/Cellular Phone: _____

E-mail: _____

Emergency contact/relationship (other than parents): _____

Home Phone: _____ Work/Cellular Phone: _____

Parental/Guardian Consent and Medical Authorization: I, parent/guardian of the participant, give consent for my child to attend the above listed program at St. David's School. I acknowledge that participation may involve physical risks. By signing this form, and in return for the opportunity to for my child to participate in the program, I, on behalf of myself, my children, my heirs, assigns, executors and administrators, (A) acknowledge all risks of injury and death associated with participation, (B) assume responsibility should injury or death result from these risks, (C) waive any legal rights we may have to seek payment of any kind from St. David's School, Director of St. David's School Programs Grady Matthews, and any other St. David's School employees, instructors and agents (hereinafter "Released Parties") for bodily injury or death resulting from participation in St. David's School Programs, and absolve Released Parties from any liability for damages resulting from any injuries or death, (D) acknowledge that no additional insurance coverage is provided by Released Parties, and (E) agree to follow all rules and procedures of the programs and reasonable instructions of the instructors and coaches. I authorize St. David's School Director of Programs Grady Matthews and the St. David's School staff and volunteers to act to the best of their judgment in an emergency situation requiring medical attention. I give permission for a physician or hospital emergency room to administer necessary care. I also acknowledge that St. David's School reserves the right to cancel any camp that does not meet enrollment requirements.

Signature: _____ Date: _____

Please include any special needs (medications, previous injury, disabilities or handicaps) that may require our coaching staff's knowledge.



ST. DAVID'S SCHOOL

3400 White Oak Road
Raleigh, NC 27609

St. David's School is an independent Episcopal school that prepares young men and women for college and life by providing them challenging opportunities to excel in the vital areas of faith, virtue and knowledge.