



Sports and Athletics Section

Department of Community Services
 77 Reads Way • New Castle DE 19720
 (302) 395-5890 (office) (302) 395-5892 (fax)

www.nccdesports.com



Christopher A. Coons
 County Executive

2008 Summer Sports (Half-day) Camps

The Sports and Athletics Section of the New Castle County Department of Community Services is accepting registrations on a first come – first served basis for the Summer Youth Sports Camps listed below. All camps are open to players with novice to intermediate skill levels. The camp fee of \$56 includes a t-shirt, instructors' and administrative fees. Participants should bring personal equipment as well as drinks, a towel, and rain gear (for outdoor camps). In case of questionable weather, the activity may be delayed, postponed, or switched to an alternate indoor site if one is available.

CAMP	CODE	AGES	DATES	TIMES	LOCATION
Baseball	BA-A	8-13	June 23-27	9am – 12N	Hockessin PAL
	BA-B	8-13	July 14-18	9am – 12N	Silver Lake Park
Basketball	BB-A	9-15	June 23-27	9am – 12N	Silver Lake Park
	BB-B	9-15	July 7-11	9am – 12N	Delcastle Park
	BB-C	9-15	July 21-25	9am – 12N	Hockessin PAL
Field Hockey	FH	8-13	Aug 4-8	6:30 – 9:30pm	Hockessin PAL
Lacrosse	LX	8-18	July 7-11	9am – 12N	Delcastle Park
Soccer	SO-A	7-14	July 7-11	9am – 12N	Delcastle Park
	SO-B	7-14	July 21-25	9am – 12N	Silver Lake Park
Softball	SB-A	7-18	June 23-27	9am – 12N	Delcastle Park
	SB-B	7-18	July 7-11	9am – 12N	Silver Lake Park
Speed/Agility	SA	7-18	June 16-20	9am – 12N	Delcastle Park
Volleyball	VB-A	11-18	July 7-11	9am – 12N	Hockessin PAL
	VB-B	11-18	July 14-18	9am – 12N	Hockessin PAL
Volleyball Advanced	VB-C	14-18	Aug 4-8	9am – 12N	Hockessin PAL
Wrestling	WR	7-14	July 21-25	9am – 12N	Hockessin PAL



Summer Sports Camps Registration Form

Cost: Each camp is \$56. SPECIAL OFFER (SAVE \$12): Combine Speed and Agility with any other camp for \$100. Registrations not accepted without payment. Checks / money orders only (no cash) should be made payable to New Castle County and mailed with this registration form to: New Castle County • ATTN: Camp Registration • 77 Reads Way • New Castle, DE 19720

Name		Birth Date			Sex	Home Phone	
Address				City, State, Zip Code			
Mother / Guardian 1		Daytime Phone		Father / Guardian 2		Daytime Phone	
Shirt Size (circle one)	YM	AS	AM	AL	AXL	AXXL	

Sports Camps (circle all desired):	BA(A)	BA(B)	BB(A)	BB(B)	BB(C)	FH	LX	SA
	SB(A)	SB(B)	SO(A)	SO(B)	VB(A)	VB(B)	VB(C)	WR

Participation Agreement

I give permission for my child to participate in the 2008 Summer Sports Camps sponsored by New Castle County. I agree that my child will abide by all rules and regulations adopted and published by New Castle County relating to the operation and conduct of the program and the use of the facilities provided for the program. I understand that the failure of my child to observe these rules and regulations may result in her being excluded from participation in the program.

I represent that my child is physically able to participate in the program. I fully understand that his/her participation may entail the risk of physical injury. I agree to waive any claim of any kind whatsoever, whether resulting from an injury or otherwise, and further agree to release, indemnify, and hold harmless the program, New Castle County, and their respective directors, officers, employees, agents and/or representatives from any and all liability occurring as a result of her participation in the program.

I agree that I will be personally responsible for any financial costs incurred as a result of his/her participation in the program, including, without limitation, transportation and/or medical expenses incurred as a result of any injury. Furthermore, I understand that New Castle County assumes no liability for lost, misplaced, stolen, and/or damaged property and I hereby agree to release New Castle County from such liability.

The undersigned has read and voluntarily signed this waiver / permission slip.

Participant Name (print)		Date of Birth
List any Physical Limitations		
Parent / Guardian Name (print)		Signature
		Date

For Office Use	Date	Amount	Check Name	Check No. / Bank No.
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