

# Lansdale Catholic High School

## Full Week Day Camps Monday – Friday 9:00 a.m. – 3:00 p.m.

**Universal Camp Fee**  
\$150.00 per camper  
\$250.00 2 siblings  
\$375.00 3 or more siblings

### Football Camp

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**Coach:** Mr. Jim Algeo, LC Football Head Coach

**Dates:** July 12 – July 16

**Ages:** Grades 1 – 9 as of September 2010

Campers will learn every Offensive and Defensive Position, every aspect of Special Teams Game, LC's Offensive and Defensive System, Strength & Speed Development, how to have FUN playing football! Tee shirt provided.

### Field Hockey Camp

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**Coach:** Ms. Amy Zoltek, LC Field Hockey Head Coach

**Dates:** June 21 – June 25

**Ages:** Grades 4 through 9 as of September 2010

Campers will be taught basic skills of dribbling, shooting, agilities and teamwork. Participants will be grouped by age. Camp will also include skills competition, games and a camp tee shirt. Field Hockey stick, mouth guard, and shin guards required.

### Boys Basketball Camp

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**Coach:** Mr. Bernie Fitzgerald, LC Boy's Basketball Coach

**Dates:** July 5-July 9: Grades 4 through 6 as of September 2010

July 19-July 23: Grades 7 through 9 as of September 2010

Registration includes: Individual instruction, skills stations, tournament games, camp tee shirt, awards for camp champions, and guest speakers.

### Girls Basketball Camp

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**Dates:** June 28 – July 2

**Ages:** Grades 4 through 9 as of September 2010

Campers will be taught basic skills of dribbling, shooting, agilities and teamwork. Participants will be grouped by age. Camp will also include skills competition, games and a camp tee shirt.

## 2010 Summer Athletic Camps

### Soccer (Boys & Girls)

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**Coach:** Mr. Joe Wilson, LC Boy's Soccer Head Coach

**Dates:** June 21 – June 25

**Ages:** Grades 4 through 9 as of September 2010

Designed to build confidence to score the big shot or to deny the score with a big save. Counselors are college and high school players, supported by licensed coaches. Camp will also include skills competition, games and a camp tee shirt.

### Baseball

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**Coach:** Mr. Rick Norwood, LC Baseball Head Coach

**Dates:** ~~Offered twice:~~ June 28 – July 2

**Ages:** Grades 6 – 9 as of September 2010

A valuable opportunity for baseball players to advance their skill level. Morning instruction includes: hitting mechanics, infield and outfield play, pitching, catching, baseball skills. Afternoon includes: baseball and wiffle ball games.

## Summer Clinics

### Universal Clinic Fee

\$80.00 per camper

\$140.00 2 siblings

\$200.00 3 or more siblings

### Volleyball Clinic

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**Coach:** Mr. Jeff Rotundo, LC Volleyball Coach

**Dates:** July 5 - July 9

**Time:** 5:00 p.m. – 9:00 p.m.

**Ages:** Grades 4 through 9 as of September 2010

Registration includes: Individual instruction, skills stations, tournament games, camp tee shirt, awards for camp champions, and guest speakers.

### Cheerleading Clinic

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**Coach:** Ms. Megan McLaughlin, LC Cheerleading Coach

**Dates/ Time:** July 17, 9 a.m.-4 p.m. and July 18, 12 p.m.-3:30 p.m.

**Ages:** Grades 4 through 9 as of September 2010

Registration includes: Individual instruction, lessons of cheerleading fundamentals, cheers, and choreographed dance lessons. The clinic is run by members of LC's cheerleading program. Camp tee shirt included with registration.

**Lansdale Catholic 2010 Summer Camps  
REGISTRATION FORM**

Please have a parent/guardian fill out the registration form and return to:

*Lansdale Catholic High School  
Athletic Office - Summer Camps  
700 Lansdale Avenue - Lansdale, PA 19446-2995*

NAME

STREET ADDRESS

CITY

STATE

ZIP

AGE

GRADE YOU ARE ENTERING THIS FALL

CURRENT SCHOOL YOU ARE ATTENDING

PHONE

EMAIL

**CHECK CAMP YOU ARE REGISTERING FOR:**

- Football       Boy's Basketball (4-6)     Boys Basketball (7-8)  
 Girl's Basketball     Soccer (Boys & girls)    Field Hockey  
 Cheerleading Clinic    Volleyball Clinic

**ADULT TEE SHIRT SIZE SELECTION**

Circle Size - S   M   L   XL

**\$ \_\_\_\_\_ TOTAL AMOUNT ENCLOSED**

PLEASE MAKE CHECKS PAYABLE TO: Lansdale Catholic HS

\*Campers are to bring lunch. Pizza and snacks will be sold on select days.\*

**NOTE: Camps can be cancelled due to lack of interest.**

**Camp fee, together with the application, medical release form and permission form, are due two weeks before the beginning of the camp.**

# Lansdale Catholic High School

## 2010 Summer Athletic Camp Schedule



“A Learning Community Teaching Values for Life  
Through a Formative Catholic Education”  
- Our Mission Statement -

**Mr. Jonathan Slabek**  
**Athletic Director**  
**215.362.6160 ext 132**  
**jslabek@lansdalecatholic.com**

**Lansdale Catholic High School**  
**700 Lansdale Avenue**  
**Lansdale, PA 19446-2995**  
**www.lansdalecatholic.com**

**Lansdale Catholic High School  
Medical Release and  
Health Information Form**

Student's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone #: \_\_\_\_\_

Additional Contact in Case of Emergency: \_\_\_\_\_

Additional Contact Phone # \_\_\_\_\_

1. Name of family(student's) physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_
  
2. Is the student in good health? \_\_\_\_\_  
If not, please briefly explain any health problems \_\_\_\_\_  
\_\_\_\_\_
  
3. Explain any dietary needs or any medical restrictions or physical limitations  
\_\_\_\_\_
  
4. Any allergies to foods, medicines, insects? \_\_\_\_\_
  
5. Does the student take any medications? \_\_\_\_\_ If yes, please list which ones, how often and purpose? \_\_\_\_\_  
\_\_\_\_\_
  
- (Please Note: All medications should be kept in the original containers, with all labels and warnings, from the doctor or pharmacy.)
  
6. Please confirm the date of the last immunization,:  
Tetanus \_\_\_\_\_ Polio \_\_\_\_\_  
Hepatitis A \_\_\_\_\_ Hepatitis B \_\_\_\_\_  
Indicate any other vaccinations/dates \_\_\_\_\_
  
7. Please indicate any other health needs or concerns: \_\_\_\_\_  
\_\_\_\_\_

I understand that every effort will be made to contact me in the case of any medical emergency. In case I am unavailable, and the situation dictates immediate medical care is necessary, I hereby give permission and full authorization to the staff of staff or designated agent of Lansdale Catholic High School to utilize whatever physician or medical provider which they select in order to secure proper medical treatment to include, but not limited to, dispensing of medicines, injections, x-rays, anesthesia, surgery, or hospitalization or any other medical care as deemed necessary by the circumstances for my child named above.

I specifically waive any claim and release from liability the staff or designated agent of Lansdale Catholic High School for loss, damage or injury related to obtaining such medical care for my child, including but not limited to the staff or designated agent assisting or providing medical care, or in their selection of any physician or medical provider in response to any medical emergency.

Signature of Parent/Guardian \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_