



Email: Coxcamps@gmail.com

Phone: 757.289.1484

Each camp is **\$90** and runs from **8:30 a.m. to 12:30 p.m. Monday through Thursday**. All of the grades specified below, are for "rising" students, meaning your child is going into that grade in the 2017-2018 school year.

To register: print & mail one registration form per camper and send **\$30.00 NONREFUNDABLE FOR EACH CAMP**, or you may mail the **total amount owed**. The \$30 deposit is deducted from the total amount and the balance will be due at registration on the first day of camp. **Please make all checks payable to Cox Camps. Cox High School, Attn: Cox Camps,**

2425 Shorehaven Drive, Virginia Beach, VA 23454

<p><u>June 19-22</u></p> <p>_____ Fashion Closed</p> <p>_____ Football (grade 1-8)</p> <p>_____ Softball (grade 3-8) Canceled</p>	<p><u>June 26- June 29</u></p> <p>_____ Field Hockey (grade 2- 8)</p> <p>_____ Boys Lacrosse (grade 1- 8)</p> <p>_____ Girls Lacrosse (grade 1- 8)</p> <p>_____ Baseball</p>	<p><u>July 10-13</u></p> <p>_____ Soccer (grade 1-8)</p> <p>_____ Chorus (grade 1-5) Canceled</p> <p>_____ Art (grade 1-5) Closed</p> <p>_____ Art (grade 6-8)(max 25)</p> <p>_____ Volleyball (grade 4-8)(Boys and Girls)</p>
<p><u>July 17-20</u></p> <p>_____ Dance (grades 1-9)</p> <p>_____ Boys Basketball(Grades 1-8)</p>	<p><u>July 24-27</u></p> <p>_____ Wrestling (grade k-5) (max 40)</p> <p>_____ Cheerleading (grade K-8)</p> <p>_____ Track & Field (boys & girls)</p>	<p><u>July 31st - August 3</u></p> <p>_____ Drama (boys & girls) (grade k-8)</p>

Camper's Name _____

Camper's Age as of 06/01/17 _____ Grade in 2017-2018 _____ School _____

Parent or Guardian Name _____

Primary Contact Number _____ Secondary Contact Number _____

Email Address _____

Emergency Contact _____ Phone _____

Waiver must be signed in order for registration to be processed

In consideration of my application being accepted, I, intending to be legally-bound, do hereby, for myself, my heirs, executors and administrators, waive, release, and forever discharge claims of damages, which I may have or which may hereafter accrue to me or my child against Cox Camps, or their respective officers, agents, representatives, successors and/or assigns, for any or all damages which may be sustained or suffered by me or my child in connection with my association with or participation in, and for rising out of my travel to or from said Cox Camps to be participated in or at Cox High School. I, the parent or guardian do hereby agree to the above waiver and release

Signature, Parent or Guardian

Date

Cox Camp Administration use only:

Amount: _____ Check Number: _____ Number of Camps: _____ Balance per camp: _____

Receipt #: _____