



## SUMMER SPORTS CAMP



- Goal:** For all Campers to participate in sports they enjoy & have Fun!
- Location:** Banneker MS – 14800 Perrywood Dr Burtonsville, MD 20866
- Participants:** Boys & Girls / K-8th grade (campers will be grouped by age and ability)
- Dates:** Week 1 - Tuesday June 18th - Friday June 21st 2019  
Week 2 - Monday June 24th - Friday June 28th 2019
- Camp Structure:** Drills, Skills, Contests & Team Games | **Activities:** Basketball, Soccer, Flag Football
- Camp Hours:** 9:00am – 4pm Lunch – 12pm - 1pm ( Lunch *NOT* provided)
- Camp Cost:** Full Day \$150 | 9am – 4pm | Half Day \$75 | 9am - 12 noon or 1pm - 4pm |  
Full Day w/Before Care: \$175 Full Day w/After Care: \$175  
Full Day w/Before & After Care: \$200  
Half Day w/Before or After Care: \$100
- Care Options:** Before Care |8am-9am| After Care |4pm - 5pm|
- Registration:** [www.1uphandles.com](http://www.1uphandles.com) |Click Programs, Click Camps & Clinics|
- Mail In Registration:** Check Payable to: 1 Up Handles Inc |12506 Eastbourne Drive Silver Spring, MD 20904|
- Contact Info:** Coach Kevin 240.426.5004 |Call or Text| [1uphandles@gmail.com](mailto:1uphandles@gmail.com) (Questions)
- Awards:** ***\*\*Daily Awards\*\****

(These materials are neither sponsored nor endorsed by the Board of Education of Montgomery County, the superintendent, or this school)

**Registration Information**

Participant First Name: \_\_\_\_\_

Participant Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

Special Needs/Health Concerns:

\_\_\_\_\_  
\_\_\_\_\_

**Parental Policy Agreement**

I hereby certify that my child is in normal health, covered by medical insurance, and capable of safe participation in this Sports/Activities Camp by **1 Up Handles, Inc.** Any Special needs or health conditions have been stated. The organizers and staff are not responsible for any damage or injury incidental to the conduct of this program. I hereby authorize the **1 Up Handles, Inc.** staff to obtain medical treatment for my child in the event that parent/guardian or emergency contact cannot be reached.

Signature of Parent/Guardian:

\_\_\_\_\_ Date: \_\_\_\_\_

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