



Soaring Eagle ALL-SPORTS CAMP

LOCATION: Skaggs Catholic Center

CAMP PERIOD: Our Co-Ed Camp is divided into 3 periods of 1 week each. Through past experience, we have found it best to separate the younger kids from the older ones. Therefore, the boys/girls will be divided into different age groups. We play a variety of the sports listed below and rotate each activity after 35-45 minutes.

1st Session – June 8-12

2nd Session – June 15-19

3rd Session – June 22-26

ACTIVITIES: Teaching Tips enables the camper to learn skills such as: throwing, dribbling, kicking, batting, shooting, catching, quickness, and agility. Team sports include whiffle ball, floor hockey, kickball, obstacle course, basketball, soccer, battleball, touch/flag football, track and field and **lacrosse**.

AGES: Boys/Girls 5 through 11 years old.

TIME: 9:00 AM to 2:00 PM Monday thru Friday. The staff will be available for early drop-off (8:30) and late pick-up (2:30). **PLEASE** have your child picked up before 2:30 as the Director has coaching and family obligations at this time. Pick up and drop off will be located at the front entrance of the elementary school in the circle drive.

COST: \$120 per weekly session. **PLEASE** make check payable to **Skaggs Catholic Center, attn: Soaring Eagle All-Sports Camp (If paid by 5/26/09) \$135 after 5/26.**

*****Your completed application and fee insures your son/daughter a place in the marked session(s). After a successful first few years, we expect this year's sessions to be filled before we begin! Unless you are notified otherwise, we will see you on Monday of your selected week.***

UNIFORM OF THE DAY: Tennis shoes, shorts, and t-shirt. Please **NO** jewelry, gloves, toys, I-pods, cell phones, or money should be taken to Camp. On Friday of each week, campers will receive a “**Soaring Eagle All-Sports**” camp t-shirt.

LUNCHES: Each camper brings his/her lunch each day. Children should bring their own water bottle and/or sports drink for the day. There is no refrigeration. Please write your campers name on their lunch bag or lunch box and sports bottles.

STAFF AND COUNSELORS: The Camp Director, Clay Jones, has many years of experience working with young boys/girls as a teacher and coach. He has been involved with athletes at all levels. The Camp Counselors are older boys/girls (high school students) who work under direct supervision of the Director. These students are chosen based on their character and ability to work with and teach others. **A new and exciting addition to this year's camp will be guest high school coaches from Juan Diego! These coaches will offer additional drills, coaching tips and expertise to our campers.**

HOW TO REGISTER: Fill out the form below and mail to:

**Soaring Eagle Sports Camp
c/o Skaggs Catholic Center
300 East 11800 South
Draper, Utah 84020**

Any questions: call Clay Jones (801-984-7322) or the **Camp cell phone (only available during camp daytime hours): 801-918-4561**

*****Please Note: Your completed application and fee insures your son/daughter a place in the marked session(s). All of the Sessions are expected to be SOLD OUT! Unless you are notified otherwise, we will see you on Monday of your selected week. If there are not enough campers for a certain session IT MAY BE CANCELLED. You will be notified of cancellations on or before June 1st and reimbursed in full.***

FEEL FREE TO COPY THIS BROCHURE AND GIVE TO YOUR FRIENDS!!!!

A copy of this application is also available: www.sccyaa.org

PLEASE CHECK:		
<input type="checkbox"/> EARLY DROP-OFF	<input type="checkbox"/> LATE PICK-UP	<input type="checkbox"/> REGULAR HOURS

I hereby apply for a reservation for my son/daughter(s) at the 2009 Soaring Eagle ALL-SPORTS CAMP for the session(s) circled below. You will find my check paying the full amount (\$120.00/per session) enclosed.

Circle date(s) attending.

- 1st Session – June 8-12
- 2nd Session – June 15-19
- 3rd Session – June 22-26

CAMPER'S NAME: _____ **AGE:** _____
ADDRESS: _____ **ZIP:** _____
RESIDENTIAL PHONE: _____
FATHER'S NAME: _____
BUS. PHONE: _____ **CELL PHONE:** _____
MOTHER'S NAME: _____
BUS. PHONE: _____ **CELL PHONE:** _____
SCHOOL LAST ATTENDED: _____ **GRADE:** _____
EMAIL: _____
EMERGENCY CONTACT DURING CAMP SESSION: _____
PHONE # _____

DR'S NAME AND PHONE: _____ **HOSPITAL:** _____
PLEASE LIST MEDICAL CONSIDERATIONS:

****Please make check payable to Skaggs Catholic Center, attn: Soaring Eagle All-Sports Camp**

I hereby authorize the Camp Directors to act on my behalf in the event of a medical emergency.
SIGNATURE: _____ **DATE:** _____

****REMINDER: PLEASE FILL OUT A MEDICAL RELEASE FORM FOUND ON THE WEBSITE (www.sccyaa.org). Camp will be held, rain or shine.**