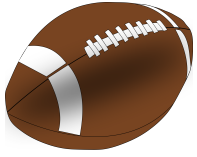


BRIARWOOD ACADEMY CAMP FORM



Football Camp

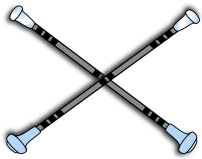
Upcoming K5-5th grades

Will separate into 2 age groups - Lower (K5-2nd) and Upper (3rd-5th)

Time: Tuesday-Friday, May 23-26 from 9:00-12:00pm

Location: Football Field

Contact: Bo Fleming - flemingb@briarwoodacademy.com



Twirling Camp

Upcoming K4-5th grades

Time: Tuesday-Friday, May 23-26 from 9:00-12:00pm

Location: Gym

Contact: Hannah DeMore - demoreh@briarwoodacademy.com



Basketball Camp (Boys and Girls)

Upcoming 3rd-5th 9:00-12:00pm and 6th-8th 1:00-4:00pm

Time: Tuesday, May 30 - Friday, June 2

Location: Gym

Contact: Brinkley Bradshaw - bradshawb@briarwoodacademy.com or
Ryan Gerlach - gerlachr@briarwoodacademy.com



Cheer Camp

Upcoming 3rd-5th grades

Time: Monday-Thursday, June 19-22 from 1:00-4:00pm

Location: Gym

Contact: Mary Lynn Reese - reesema@briarwoodacademy.com or
Amy Hadden - haddena@briarwoodacademy.com



Fun Camp (Boys and Girls)

Upcoming K5-2nd grades

Time: Monday-Thursday, June 19-22 from 9:00-12:00pm

Location: Gym

Contact: Mary Lynn Reese - reesema@briarwoodacademy.com or
Amy Hadden - haddena@briarwoodacademy.com

****Please send money and form back by Friday, April 28****

Name: _____ Grade for next year: _____

T-shirt size: YS YM YL AS AM AL

Cost: \$60 per camp

Please check all camps you would like to attend!!!

_____ Football Camp \$60

_____ Twirling Camp \$60

_____ Basketball Camp \$60

_____ Cheer Camp \$60

_____ Fun Camp \$60

Total: _____

Parental Consent

The undersigned parent or guardian understands that applicant will be engaging in physical activity during the program which contains an inherent risk of physical injury and the undersigned assumes the risk and releases Briarwood Academy, its officers, director, and employees from any and all liability from personal injury arising out of the applicant's participation in the Briarwood Summer Camps.

I hereby grant permission for my son/daughter to attend the Briarwood Summer Camps and to be treated by a licensed physician during the event of an injury, accident, illness, or mishap.

Parent's signature: _____ Date: _____

Parent Contact: _____ Contact Number: _____

Emergency Contact: _____ Contact Number: _____