



ISA Summer PE Camp 2008

“Nosotros Corremos el Mundo”



Dates: June 13th – 24th

Week 1: Friday - Saturday, 8:00am-3:00pm

Week 2: Monday - Saturday, 8:00 am-3:00 pm

Week 3: Monday – Tuesday, 8:00 am-3:00 pm

Credit: 1 full year of physical education

Cost: \$125.00

Limited to the first 70 paid applicants.

Registration Form

Student Name _____

Grade in fall of 2008 _____

Parent(s)/Guardian(s) _____

Contact Information

Please print clearly, because this is our only way of informing incoming freshmen.

Parent email:

Student email (optional):

Phone numbers:

Adult T-Shirt Size _____

Credit

Attending 10 full days of Summer PE camp is a requirement for earning 1.0 credits. Attending 5-9 full days of Summer PE camp will earn 0.5 credits of Phys. Ed. There is no exception to this rule, due to TEA physical education requirements. The cost is \$125 regardless of credits earned because of the differing facilitation costs of different daily activities. Sorry, but we are not able to offer a “value package” for half-credit campers.

Please note that there is no camp on Sunday, June 15 or June 22.

The Fine Print

Seniors lacking PE credit are given top priority until April 1st. Otherwise, students are registered on a first-come, first-served basis. Summer PE will be limited to 70 students. Your name will only be added to the list when you have turned in this form with the health information completed on the back and the \$125 fee, or contacted Geoff McPherson to discuss payment plans.

ISA Summer PE Camp is for current or incoming ISA students only. Course credit and liability issues will not allow us to take students from other schools.

If you have any questions, you can contact Coach McPherson (393-4816, gmcphe@neisd.net)

Please note that there are two sides to this form. We do ask that you fill out both sides before submitting the registration. Thank you!

Health Information Registration

1. Does the student have any allergies?
If yes, please explain. YES NO
2. Does the student have any special medical problems that would affect his/her participation in camp?
If yes, please explain. YES NO
3. Does the student take any medication regularly?
If yes, please explain. YES NO
4. Name of family Physician _____ Phone _____
5. Any addition medical information or comments:

In the event that _____ is present for, or requires medical treatment or surgery or any other form of medical care or aid, I, the parent/guardian of the named student, do hereby authorize the teachers to be consulted on, and consent to, any medical treatment, operation or care deemed necessary by the doctor, nurse, or any other medical personnel. I also guarantee payment of all charges incurred for the medical treatment for the student names, including, but not limited to, physician, hospital, lab, drugs, and EMS.

This form must be signed and returned to the International School of the Americas before the student will be permitted to participate in ISA Summer PE Camp. The terms "I" and "my" as used herein refer to the undersigned parent(s) or guardian(s).

Emergency Contact Name

Parent/Guardian Signature

Daytime Phone Number(s)

Date

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