

Ferris High School - Official Summer Athletic Camp Schedule 2018

No.	HS	Activity	Area	Grade	Days	Time	Start	End	Fee
F 1	Ferris	Pole Vault 1 Day (Co-ed)	Track	7-12	SAT	12 -4 p.m.	6/2/18 only	6/2/18 only	\$ 10.00
F 2	Ferris	Girls Basketball	Gyms	2-6	M-Th	8-10 a.m.	6/18/2018	6/21/2018	\$ 45.00
F 3	Ferris	Girls Basketball	Gyms	7-9	M-Th	10 am-12 p.m.	6/18/2018	6/21/2018	\$ 45.00
F 4	Ferris	Girls Weights & Conditioning	Wgt Rm/Field	9-12	M-Th	8-9:30 a.m.	6/18/2018	7/31/2018	\$ 75.00
F 5	Ferris	Boys Basketball	Gyms	6-8	M-Th	10 a.m.-12 p.m.	6/18/2018	6/21/2018	\$ 40.00
F 6	Ferris	Boys Basketball	Gyms	3-6	M-Th	8-10 a.m.	6/18/2018	6/21/2018	\$ 40.00
F 7	Ferris	Football Border Camp	Fields	10-12	T- Th	3-4:30 p.m.	6/4/2018	6/6/2018	\$ 125.00
					M-W	3-4:30 p.m.	6/11/2018	6/12/2018	
					M-Tues	TBA Times	6/18/2018	6/22/2018	
F 8	Ferris	Girls Volleyball	Gyms	1-6	M-F	11:45 a.m. - 1:00 p.m.	6/25/2018	6/29/2018	\$ 35.00
F 9	Ferris	Freshmen Football Camp	Fields	9	M-Th	9-10:30 a.m.	6/18/2018	6/21/2018	\$ 75.00
					M-W		6/25/2018	6/27/2018	
F 10	Ferris	Boys Advanced Speed, Strength, Conditioning	Wgt Rm/Field	10-12	M-F	9:30-11 a.m.	6/18/2018	7/26/2018	\$ 100.00
F 11	Ferris	Boys Intro to Speed, Strength, Conditioning	Wgt Rm/Field	8-9	M-F	11-12:30 a.m.	6/18/2018	7/26/2018	\$ 100.00
F 12	Ferris	Boys/Girls Pole Vault	Track	7-12	T-Th	9:30-11:30 a.m.	6/19/2018	7/31/2018	\$ 50.00
F 13	Ferris	Slow Pitch Softball	Softball Field	9-12	W & Th	10 a.m. – 12 p.m.	7/25/2018	7/26/2018	\$ -
F 14	Ferris	Girls Volleyball	Gyms	7-12	M-F	9-11:45 a.m.	6/25/2018	6/29/2018	\$ 50.00

Registration Information

- REGISTRATION for summer athletic camps is coordinated by the high school Business Office. Registration may be done in person, by mail to the high school Business Office or online at www.spokaneschools.org. To access the online payment link, select the Quick Access tab, then Parents, then Online Payments box. Online payments are also available at Ferris' web site. Use your student's account to register and pay online (User Name = Student ID; Password = students last name, first letter capitalized). Click on "Guest User" to register and pay with a User Name and Password. Spokane Public School's students with a documented low-income status will not be refused for inability to pay. Contact the high school Business Office, if you need financial assistance. Early registration is suggested to avoid possible camp cancellation.
- REFUNDS: Once you complete your registration and payment, refunds will not be permitted. However, camps not meeting a minimum enrollment may be cancelled with all the participants given an opportunity to participate in another camp or a full refund.
- INSURANCE INFORMATION: All camp participants are required to have insurance coverage. School insurance (24 hour coverage) purchased for the school year 2017-2018 will remain in effect for summer athletic camps. Information is available at the high school Business Office.

Student Name _____	Payment Information:	Health Information:
Parent/Guardian _____	Camp No(s) _____	Food Allergies Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No. (during time of camp) _____	Camp Fee(s) _____	Dietary Substitution Yes <input type="checkbox"/> No <input type="checkbox"/>
Email address _____		Diabetes Yes <input type="checkbox"/> No <input type="checkbox"/>
Next Yr's School _____	Next Yr's Grade _____	Asthma Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency Contact _____	Phone No. _____	Medication Yes <input type="checkbox"/> No <input type="checkbox"/>
		Current Health Care Plan on File Yes <input type="checkbox"/> No <input type="checkbox"/>
		District Student Yes <input type="checkbox"/> No <input type="checkbox"/>

Parents/Guardians Of Athletic Camp Students:

All athletic camp students need to be covered by a medical/accident insurance policy. I understand that my child may not participate in summer athletic camps unless he/she is covered by a medical/accident coverage plan. I do accept full responsibility for the cost of treatment or any injury sustained and not covered by our family medical insurance while taking part in the athletic camp(s).

Parent/Guardian Signature _____ Date _____