

# Summit Academy

## Lil' Dragons 2023-2024

### Youth Intramural Athletic Programs

#### WHAT IS THIS?

This is a series of camps that teach developmental skills in Football, Cross Country, Basketball, Volleyball, Baseball/Softball, Cheer, and Soccer. The camps are facilitated by the Varsity coaching staff, the Summit Academy Athletic Department, and the Summit Academy Booster Club.

#### WHO IS THIS FOR?

The Dragonites Cross Country club is for all Summit Academy and Summit Academy North Students grades K - 6. Flag Football, Basketball, and Soccer is for all Summit Academy and Summit Academy North students in grades 1 - 6.

#### WHEN DOES IT TAKE PLACE?

Flag Football games are played on Saturday, from 10-12, at Dragons Field or The Peak (weather Dependent). Basketball Camps and games are on Saturdays only, 10-12, at the Peak. Soccer camps are at North Elementary Gym, the days of the week are tbd.

**Times and dates for all programs may adjust due to weather, availability of facilities, and holiday weekends.**

**All dates below are tentative and are subject to change.**

#### HOW MUCH WILL IT COST?

Registration Fees are **PER** sport. This fee must be paid at the time your registration form is submitted to the Athletics Office. Payments should be made with cash, money order, or certified check.

**NO PERSONAL CHECKS ACCEPTED!**

**If you have any question please contact the Assistant Athletic Director Mike Orr At:**

**[morr@summit-academy.com](mailto:morr@summit-academy.com) (734)-955-6061**

Dates						
<u>Dragonites XC</u>	<u>Basketball</u>	<u>Baseball/Softball</u>	<u>Soccer</u>	<u>Volleyball</u>	<u>Flag Football</u>	<u>Cheer</u>
9/16/2023- 10/14/2023	9/30/2023- 10/28/2023	10/21/2023- 11/18/2023	1/16/2024- 2/15/2024	2/17/2024- 3/16/2024	4/6/2024- 5/4/2024	4/6/2024- 5/4/2024
<u>Payment Due:</u> <u>9/8/2023</u>	<u>Payment Due:</u> <u>9/28/2023</u>	<u>Payment Due:</u> <u>10/18/2023</u>	<u>Payment Due:</u> <u>1/11/2024</u>	<u>Payment Due:</u> <u>2/14/2024</u>	<u>Payment Due:</u> <u>4/01/2024</u>	<u>Payment Due:</u> <u>4/01/2024</u>
Fee: \$50	Fee: \$50	Fee: \$50	Fee: \$50	Fee: \$50	Fee: \$60	Fee: \$50
K-5 <sup>th</sup> Grade	1 <sup>st</sup> -5 <sup>th</sup> Grade	K-5 <sup>th</sup> Grade	1 <sup>st</sup> - 5 <sup>th</sup> Grade	1 <sup>st</sup> - 5 <sup>th</sup> Grade	1 <sup>st</sup> -6 <sup>th</sup> Grade	1 <sup>st</sup> -6 <sup>th</sup> Grade

# Summit Academy Athletic Department Registration and Medical Information Form

**Select Sport:** Dragonites XC Football: Basketball:  
Soccer: Baseball/Softball: Volleyball: Cheer:

**Please return payment with signed, completed registration form to the Athletics Office.**

**NO PERSONAL CHECKS ACCEPTED.**  
**Cash, Money Order or Certified Checks Only.**

Circle Grade: K / 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup> / 5<sup>th</sup> / 6<sup>th</sup>  
Circle Shirt Size: YS / YM / YL / AS / AM / AL / AXL

**School Attending:**

Summit Academy North Elementary Summit Academy Middle School

Player: \_\_\_\_\_ Birth Date: \_\_\_\_\_ M/F Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Emergency Contact and Phone Number: \_\_\_\_\_

I am interested in volunteering as a coach: YES\_\_\_ NO\_\_\_

**Player's Health History:**

Has your child had or does your child have any of the following medical difficulties? (If you answer YES to any please describe the problem and its implication for proper first aid treatment.)

Head Injury Y / N	Allergies Y / N	Shoulder Injury Y / N	Fainting Spells Y / N	Hernia Y / N	Knee Injury Y / N	Epilepsy Y / N
Diabetes Y / N	Broken Finger Y / N	Neck/ Back Inj. Y / N	Heart Murmur Y / N	Broken Arm Y / N	Kidney Prob. Y / N	Poor Vision Y / N
Asthma Y / N	Poor Hearing Y / N	High BP Y / N	Neurological Cond. Y / N			

I understand that Summit Academy Athletic Department, Schools, and member associates will not be held responsible for any injuries. I accept responsibility for any medical bills incurred, as well as costs for transportation by means of ambulance or motor vehicle to a hospital if necessary. By my/our signature I/we accept all the responsibility while my/our child is participating in practice, games, etc., and traveling to and from such activities.

**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINOR CHILD**

I/we \_\_\_\_\_ and \_\_\_\_\_ do hereby state that we are the natural parents/legal guardians having legal custody of \_\_\_\_\_ a minor, age \_\_\_\_\_, born \_\_\_\_\_. I/we authorize an adult agent of the Summit Academy Athletics/Schools to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis of treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of Michigan, when the need for such treatment is immediate, and when effort to contact me/us are/is unsuccessful.

X  
SIGNATURE OF PARENT(S) / GUARDIAN(S)

DATE