

# DSCC-MWR

is proud to present **Skyhawks...**

## Summer Sports Camps!

Teaching life skills through sports since 1979

### Multi-Sport

**Basketball  
Soccer  
Tennis**

Ages: 6-14  
Dates: **June 20-24**  
Time: 9:00am - 3:00pm

Location:  
Defense Supply  
Center Columbus  
(3990 East Broad St.)

Course #: SSA25097  
Fee: \$115

### Multi-Sport

**Basketball  
Soccer  
Volleyball**

Ages: 6-14  
Dates: **July 11-15**  
Time: 9:00am - 3:00pm

Location:  
Defense Supply  
Center Columbus  
(3990 East Broad St.)

Course #: SSA28265  
Fee: \$115

### Multi-Sport

**Basketball  
Tennis  
Volleyball**

Ages: 6-14  
Dates: **Aug 1-5**  
Time: 9:00am - 3:00pm

Location:  
Defense Supply  
Center Columbus  
(3990 East Broad St.)

Course #: SSA25174  
Fee: \$115

Our multi-sport camp is designed to introduce athletes to a variety of different sports in one setting. For this program we combine three sports into one fun-filled week. Athletes will learn the rules and essential skills of each sport along with vital life lessons such as respect and teamwork. **All participants receive** a t-shirt and a merit award. The participant-to-coach ratio is approximately 12:1.

**Participants should bring** appropriate clothing, a lunch and snack, a water bottle, running shoes and sunscreen. For multi-sport camps offering tennis, please bring a tennis racket. For multi-sport camps offering soccer please bring shin guards. For multi-sport camps offering volleyball please bring elbow and knee pads. **After camp there will be swimming so please bring your swim suit and a towel!**

"We love your programs. This is our 2nd experience with you and it was as positive as the first. We will definitely sign up for more programs next summer."

Regina N.



[www.dscmwr.com](http://www.dscmwr.com)

**Skyhawks**

THE LEADER IN YOUTH  
SPORTS SINCE 1979.



RESPONSIBILITY



RESPECT



LEADERSHIP



SPORTSMANSHIP



TEAMWORK

Partnering to develop active, healthy communities one child at a time.

# Registration Form

## 2 WAYS TO REGISTER



### MAIL

DSCC-MWR  
3990 East Broad Street  
Columbus, OH 43218

Make Checks Payable to:  
IMWRF



### IN PERSON

3990 East Broad Street  
Building 27 (Fitness  
Center)

For more information please call DSCC-MWR: (614) 692-3084 or Skyhawks: (866) 849-9936

Participant Last Name \_\_\_\_\_

Participant First Name \_\_\_\_\_ Birth Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age \_\_\_\_ Gender: M / F

Parent Last Name \_\_\_\_\_ Parent First Name \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

PLEASE LIST THE PROGRAM(S) YOUR CHILD WILL ATTEND. Photocopy for additional children.

Course #	Sport	Date	Location	Fee

Payment: \_\_\_\_\_ Check included, or Charge my: \_\_\_\_\_ Visa \_\_\_\_\_ M/C \_\_\_\_\_ Security Code \_\_\_\_\_  
Card Number \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_  
Signature \_\_\_\_\_ Name on card \_\_\_\_\_

**Parents, please read and sign the Medical Consent and Release of Liability below to complete registration.**

I, the undersigned parent/guardian of the participant, understand this activity involves an element of risk and a danger of accidents and injury and knowing those risks I hereby assume those risks. I authorize the program providers as Agents for the undersigned to consent to medical, surgical and/or dental examination, in addition to any and all other treatments deemed necessary by medical personnel. I understand by signing this agreement, I knowingly release and discharge Skyhawks and DSCC-MWR from any and all liability resulting from any injury associated with the participant's participation in this activity. I agree that pictures taken during program hours may be used for promotional purposes and that I give my permission to Skyhawks and DSCC-MWR to use any images of the participant without compensation. **Skyhawks will not provide health and/or accident insurance for program participants.** By signing below, I attest that I have read and fully understand and agree to the assumption of risk, waiver and release of all claims, and the photo policies set forth herein.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

"A wonderful program! The coaches are very pleasant and knowledgeable. It's a good time for the kids, as with all the Skyhawks programs my son has participated in. I would highly recommend your programs!"

\_\_\_\_\_  
Joyce F.