

Tustin Unified School District
2017 SUMMER SPORTS PROGRAM



Tustin Unified School District's 2017 Summer Sports Program will begin *June 19* and end *August 18*. The District will offer a *Summer Aquatics Program*, a *Summer Youth Sport Camps Program*, and a *High School Summer Athletics Program*.

The *Summer Aquatics Program* includes Swimming Lessons and Recreational Swimming at Beckman, Foothill, and Tustin High Schools. The Summer Aquatics Program begins June 19 and continues through July 27.

The *Summer Youth Sport Camps Program* includes Athletic Conditioning, Boys Basketball, Girls Basketball, Co-ed Basketball, Football, Lacrosse, Softball, Speed Training, Tennis, Volleyball, Weight Lifting and Wrestling. Youth Camps are strictly for students 8th grade and under. Students enrolled at Beckman, Foothill or Tustin High School may not attend.

The *High School Summer Athletics Program* is open only to students enrolled at Beckman, Foothill or Tustin High School. High school students may only participate at the high school where they are enrolled. The *High School Summer Athletics Program* must observe a three (3) consecutive week Dead Period between the end of school or June 4, 2017 to August 18, 2017. **We cannot accept mail-in registrations for this program.** Please see or call the appropriate Athletic Director for registration information.

ALL TUSTIN UNIFIED SCHOOL DISTRICT COACHES UNDERSTAND THE IMPORTANCE OF SUMMER SCHOOL AND AGREE NOT TO PENALIZE STUDENTS WHO ELECT OR ARE REQUIRED TO TAKE SUMMER SCHOOL CLASSES.

REGISTRATION

► **To register for Aquatics or Youth Sports Programs by mail (must be postmarked by May 12, 2017):**

- 1) Complete one **Summer Sports Registration & Emergency Form** for each activity.
Forms may be downloaded from our website @ www.tustin.k12.ca.us – click on Summer Sports.
- 2) Enclose check or money order payable to *Tustin Unified School District* - **DO NOT SEND CASH**
(NSF checks will be subject to a \$25 processing fee)
- 3) Mail to:

Beckman High School	Foothill High School	Tustin High School
Att: Summer Sports	Att: Summer Sports	Att: Summer Sports
3588 Bryan Ave.	19251 Dodge Ave.	1171 E. El Camino Real
Irvine, CA 92602	Santa Ana, CA 92705	Tustin, CA 92780
- 4) You will be notified if your 1st choice is full.
- 5) If you need a receipt, please request one on the first day of class/camp.
- 6) **Your registration is your only reminder so please keep a copy.**

► **Walk-in Registration:**

Saturdays, May 13 & June 3 @ BHS & FHS, 9:00 AM – 12:00 Noon at Beckman's School Clock Tower and Foothill High School administration building. **Beginning June 19**, signups for all sports programs will continue at the pool deck or with individual coaches at each high school weekdays from 9:00 AM – 2:00 PM (must register at the school site you plan to attend).

REFUNDS MUST BE REQUESTED BY THE THIRD DAY OF THE SESSION

THERE WILL BE A \$5 PROCESSING FEE ON ALL REFUNDS

Student I.D.# _____

Tustin Unified School District
SUMMER SPORTS REGISTRATION & EMERGENCY FORM



Please fill out one form for each child and each activity.

CHILD'S NAME _____ AGE _____

PARENT/GUARDIAN NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE: Home _____ Cell _____ Emergency _____

E-MAIL _____

INSURANCE COMPANY _____ POLICY # _____

For Aquatics, please tell us about child's previous swimming experience: _____

COURSE #	COURSE NAME	LOCATION	SESSION # (if applicable)	TIME 1 st Choice	TIME 2 nd Choice	Amount
					TOTAL	\$

MAKE CHECK OR MONEY ORDER PAYABLE TO: *Tustin Unified School District*

MAIL TO: Beckman High School
Att: Summer Sports
3588 Bryan Ave.
Irvine, CA 92602

Foothill High School
Att: Summer Sports
19251 Dodge Ave.
Santa Ana, CA 92705

Tustin High School
Att: Summer Sports
1171 E. El Camino Real
Tustin, CA 92780

FOR OFFICE USE ONLY: Check # _____ Amount \$ _____ Date Rec'd _____

AUTHORIZATION TO TREAT A MINOR

I (We) the undersigned parent(s)/legal guardian of _____ a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any emergency general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of a specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

List any restrictions or special needs we should be aware of: _____

Parent/Guardian Signature

Date