



# Sports and Athletics Section

Department of Community Services  
 77 Reads Way • New Castle DE 19720  
 (302) 395-5890 (office) (302) 395-5892 (fax)



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

## 2011 Summer Sports Camps

### Full-Day Sports Camps

New Castle County partners with the Kirkwood Soccer Club and Elite Athletic Specialists to offer three, week long, full-day all sports camps. Highlighted sports activities include baseball/softball, basketball, flag football, soccer, and speed/agility training. The **July** week is highlighted with a field trip to Frawley Stadium to watch a Wilmington Blue Rocks baseball game.

The camp fee is **\$120** for each camp or **\$150** for each camp plus extended care (7:30am to 5:30pm).

CAMP	CODE	AGES	DATES/TIMES	LOCATION
Full Day Sports Camp	AS-A	8-13	June 20-24, 9am to 4pm	Kirkwood Soccer Club
Full Day Sports Camp	AS-B	8-13	July 25-29, 9am to 4pm	Kirkwood Soccer Club
Full Day Sports Camp	AS-C	8-13	August 8-12, 9am to 4pm	Kirkwood Soccer Club

### Half-Day Sports Camps

Last summer nearly 400 young athletes participated in sports camps operated by New Castle County. These week long camps run for three hours each day. The camp fee is \$60, which includes a t-shirt, instructor, and administrative fees.

**\*\*\* SPECIAL – Combine Speed/Agility with any other sports camp and save \$12 \*\*\***

CAMP	CODE	AGES	DATES	TIMES	LOCATION
Baseball	BA-A	8-13	June 20-24	9am to 12 Noon	Hockessin PAL
	BA-B	8-13	July 11-15	9am to 12 Noon	Silver Lake Park
Basketball	BB-A	9-15	June 20-24	9am to 12 Noon	Delcastle Park
	BB-B	9-15	July 18-22	9am to 12 Noon	Hockessin PAL
Field Hockey	FH	8-13	Aug 1-5	6:30pm to 9:30pm	Hockessin PAL
Lacrosse	LX	8-18	June 27 - July 1	9am to 12 Noon	Delcastle Park
Soccer	SO-A	7-14	June 27 – July 1	9am to 12 Noon	Delcastle Park
	SO-B	7-14	July 18-22	9am to 12 Noon	Silver Lake Park
Softball	SB	7-18	June 20-24	9am to 12 Noon	Delcastle Park
Speed/Agility	SA	7-18	June 13-17	9am to 12 Noon	Delcastle Park
Volleyball	VB-A	11-18	June 27 – July 1	9am to 12 Noon	Hockessin PAL
	VB-B	11-18	July 11-15	9am to 12 Noon	Hockessin PAL
Volleyball (Advanced)	VB-C	14-18	July 25-29	9am to 12 Noon	Hockessin PAL
Wrestling	WR	7-14	July 18-22	9am to 12 Noon	Hockessin PAL

Register Online (credit card payment required) - [www.nccdesports.com](http://www.nccdesports.com)

## 2011 Summer Sports Camps Registration Form

*Cost: Half-day camps are \$60. SPECIAL OFFER (SAVE \$12): Combine Speed and Agility with any other camp for \$108.*

*Full-day camp is \$120, or \$150 with the extended care option*

*Registrations not accepted without payment (credit cards or checks / money orders made payable to New Castle County). Registrations should be mailed to: New Castle County • ATTN: Sports and Athletics • 77 Reads Way • New Castle, DE 19720*

Name		Birth Date		Sex	Home Phone	
Address				City, State, Zip Code		
Mother / Guardian 1		Work Phone	Cell Phone	Cell Carrier (for text messaging)		Email
Father / Guardian 1		Work Phone	Cell Phone	Cell Carrier (for text messaging)		Email
Shirt Size (circle one)	YM	AS	AM	AL	AXL	AXXL

### Please Circle All Weeks That Apply

Full Day Sports Camps	All-sports full day camp (\$120/wk)			All-sports camp w/ extended care (\$150/wk)			
	AS-A	AS-B	AS-C	AS-A	AS-B	AS-C	
Half Day Sports Camps	BA(A)	BA(B)	BB(A)	BB(B)	FH	LX	SA
	SB	SO(A)	SO(B)	VB(A)	VB(B)	VB(C)	WR

### Participation Agreement

I give permission for my child to participate in a Recreation Program sponsored by New Castle County that he/she is currently registering for with the Department of Community Services. I agree that my child will abide by all rules and regulations adopted and published by New Castle County relating to the operation and conduct of the program and the use of the facilities provided for the program. I understand that the failure of my child to observe these rules and regulations may result in his/her being excluded from participation in the program.

I represent that my child is physically able to participate in the program. I fully understand that his/her participation may entail the risk of physical injury. I agree to waive any claim of any kind whatsoever, whether resulting from an injury or otherwise, and further agree to release, indemnify, and hold harmless the program, New Castle County, and their respective directors, officers, employees, agents and/or representatives from any and all liability occurring as a result of his/her participation in the program.

I will be personally responsible for any financial costs incurred as a result of his/her participation in the program, including, without limitation, transportation and/or medical expenses incurred as a result of any injury. Furthermore, I understand that New Castle County assumes no liability for lost, misplaced, stolen, and/or damaged property and I hereby agree to release New Castle County from such liability.

***The undersigned has/have read and voluntarily signed this waiver / participation agreement.***

List any Physical Limitations

Parent / Guardian Name (print)	Signature	Date
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### For Credit Card Payment Only

( ) American Express		( ) MasterCard		( ) Visa	
Amount to Charge	Name on Card	Card Number	Exp. Date (mo/yr)		