

**GENERAL
INFORMATION**

**Anderson High School
Athletics is proud to
announce our summer camp
schedule. All camps will be at
the high school.**

**Any interested campers
should simply fill out the
waiver & registration form
and mail back with payment
to:**

**Anderson Boosters/
Summer Camps
7560 Forest Road
Cincinnati, Ohio 45255**

**Questions:
Please call the Anderson
Athletic Department
@ 232-2772.**



**2012
ANDERSON
HIGH SCHOOL
SUMMER
SPORTS CAMPS**



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C I N C I N N A T I,
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SUMMER ATHLETIC CAMPS

BOYS' BASEBALL

Date: June 18–22
Time: 9:30 am–12:00 pm
Grades: 1st-9th
Cost: \$60
Location: Baseball Field
Contact: chris.newton@foresthills.edu



FOOTBALL

Date: June 4–6
Time: 8:00 am–9:30 am (1st-3rd)
 9:30 am–12:00 pm (4th-8th)
Grades: 1st-8th
Cost: \$45 (1st–3rd)
 \$65 (4th–8th)
Location: Brown Stadium (Turf)
Contact: jeffrey.giesting@foresthills.edu



GIRLS' BASKETBALL

Date: June 4–7
Time: 1:00 pm–3:30 pm
Grades: 4th-9th
Cost: \$60
Location: Gymnasium
Contact: christopher.carletti@foresthills.edu



BOYS' BASKETBALL

Date: June 11–14
Time: 9:30 am–12:00 pm
Grades: Incoming 4th-9th
Cost: \$60
Location: Gymnasium
Contact: frank.brandy@foresthills.edu 235-1330



BOYS' SOCCER

Date: July 16–19
Time: 5:00 pm–6:00 pm (ages 4-6)
 6:30 pm–8:30 pm (ages 7-13)
Grades: Pre-k–8th
Cost: \$50 (ages 4-6)
 \$60 (ages 7-13)
Location: Forest Hills Soccer Stadium
Contact: deimling22@insightbb.com



GIRLS' SOCCER

Date: June 5–8
Time: 9:30 am–12:00 pm
Grades: 4th-9th
Cost: \$60
Location: June 5-6th Forest Hills Soccer Stadium/
 June 7-8th Brown Stadium (Turf)
Contact: bil.miller@foresthills.edu



SPEED & CONDITIONING

Date: July 9–July 12
Time: 6:00 pm–7:30 pm
Grades: 4th–8th
Cost: \$60
Location: Brown Stadium (Turf/Track)
Contact: pat.thatcher@foresthills.edu



VOLLEYBALL

Date: July 23–July 26
Time: 9:30 am–11:30 am (4th - 8th)
 6:00 pm–9:00 pm (9th–12th)
Grades: 4th–12th
Cost: \$40 (9th–12th)
 \$50 (4th–8th)
Location: Gymnasium
Contact: Jeff Davis (288-5054)



WRESTLING

For Wrestling Camp Information, go to
www.redskinwrestling.org



REGISTRATION / WAIVER

Camp Name: _____

Name of Camper: _____

Age: _____ **Grade in Fall 2012:** _____

Parent/Guardian Name: _____

Address: _____

Zip Code: _____ **Home #:** _____

Work #: _____ **Cell #:** _____

E-Mail: _____

T-Shirt Size: Circle one

Youth: S M L XL

Adult: S M L XL

Applicant must have their own insurance. AHS or any camp staff will assume no responsibility for injuries (medical or dental) incurred while at these camps. In signing this application, parent/guardian assumes all and any medical risks.

I, the undersigned parent/guardian, do hereby delegate to Anderson Camps, its employees and agents, the authority to seek, obtain and approve any medical care and treatment for the above-named minor, which, in their judgment is necessary for the health and well-being of said minor during attendance at the camp. Further, I agree to hold Anderson Camps, its employees and agents, harmless for any liability arising out of good-faith actions in seeking and obtaining medical care and treatment for the above-named minor. All costs incurred are the responsibility of the parent/guardian.

Parent/Guardian Print Name: _____

Sign Name: _____ **Date:** _____

Please photocopy and return a separate form and separate check for each camp made payable to:

ANDERSON BOOSTERS