



Racine Lutheran Summer Athletic Camps



Grade levels are based on 2025-26 school year

Girls Basketball Camp

Grades 4-9 June 9-12 10 am - 12 pm \$65

Volleyball Camp

Grades 4-9 (co-ed) June 16-19 10 am - 12 pm \$65

Boys Basketball Camp

Grades 4-9 June 23-26 10 am - 12 pm \$65*

***Discounted rate of \$50 for bringing in a minimum of 10 items for food drive.**

Youth Football Camp (at Pritchard Park)

Grades 3-8 June 16-19 10 am - 12 pm \$65

Speed and Agility

Grades 5-8 June 9-July 24 T,W,TH 9:30 am - 11am \$65

To Register: Complete waiver on back, and make checks payable to RLHS.

Mail check and payment to Racine Lutheran, 251 Luedtke Ave, Racine, WI 53405

Registration must be received at least one week prior to each camp.



Summer 2025

2025 Racine Lutheran Summer Camps Registration & Medical Waiver

Name _____

Address _____
City State Zip

Parent Email _____

Parent Phone _____ Age _____ Going into grade _____

My son/daughter has permission to participate in the summer camp. We are aware of the inherent risks and hazards of the program and by signing we certify that we are cognizant of those risks. We hereby authorize the staff of the RLHS camp to act on our behalf according to their best judgment in any emergency requiring medical attention and I hereby waive and release Racine Lutheran High School, its employees, and agents from any injuries and illnesses incurred while at camp. I have no knowledge of any physical impairment that would be affected by the camper's participation in the camp program. In the event of an injury, I grant permission for my son/daughter to be given immediate emergency care by an emergency physician. I will be responsible for any medical cost or other charges in connection with my son's/daughter's attendance at this camp.

Please note any medical conditions that we should be aware of: _____

Child is covered by _____
(Insurance Company) (Policy number)

PROMOTION AGREEMENT

I/we grant permission for my child to be included in any images RLHS may use in future school publications or promotions.

Parent Name _____

Parent Signature _____ Date _____

Please indicate below the program(s) the student will be attending:

Volleyball

Girls Basketball

Boys Basketball

Youth Football

Speed and Agility

T-shirt size: YS YM YL AS AM AL AXL

Return form to— Racine Lutheran High School
251 Luedtke Avenue
Racine, WI 53405