

*Tustin Unified School District*  
**2011 SUMMER SPORTS PROGRAM**



Tustin Unified School District's 2011 Summer Sports Program will begin *June 20* and end *August 26*. 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 and Foothill High Schools only. There will be no Aquatics at Tustin High School this summer. The Summer Aquatics Program begins June 20 and continues through July 28.

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 10, 2011 to August 21, 2011. *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 26, 2011):**

- 1) Complete one **Summer Sports Registration & Emergency Form** for each activity.  
Forms may be downloaded from our website @ [www.tustin.k12.ca.us](http://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: Summer Sports Registration  
Tustin Unified School District  
Att: Juan Lopez  
Administrative Assistant  
300 South "C" Street  
Tustin, CA 92780-3695
- 4) You will be notified if your 1<sup>st</sup> 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 21 & June 4 (BHS & FHS), 9:00 AM – 12:00 Noon** at Beckman's School Clock Tower and Foothill High School administration building. **Beginning June 20**, 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.

**REFUNDS MUST BE REQUESTED BY THE THIRD DAY OF THE SESSION**

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

**ABSOLUTELY NO REFUNDS AFTER JULY 22**

**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 <sup>st</sup> Choice	TIME 2 <sup>nd</sup> Choice	FEE
					<b>TOTAL</b>	<b>\$</b>

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

**MAIL TO:** Summer Sports Registration – Tustin Unified School District  
 Att: Juan Lopez  
 Administrative Assistant  
 300 South "C" Street  
 Tustin, CA 92780-3695

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