

BISHOP LYNCH ATHLETIC SUMMER CAMPS

JUNE – JULY 2008

Please check the camp(s) for which you are registering

- Friar Aquatics Camp (5-12) \$85
- Friar Baseball Camp (2-7) \$85
- Friar Baseball Camp (8-9) \$85
- BL Brigade/Cheer Camp (K-8) \$85
- Friar Basketball-July Camp (3-6) \$85
- Friar Basketball-July Camp (7-9) \$85
- Friar Basketball-July Camp (10-12) \$85
- Lady Friar Basketball-June Camp (3-6) \$85
- Lady Friar Basketball-June Camp (7-9) \$85
- Lady Friar Basketball-July Camp (10-12) \$85
- Friar Football-June Camp (1-5) \$85
- Friar Football-June Camp (6-8) \$85
- Friar Football-July Camp (9) \$85
- Friar Hockey Camp TBD
- Friar Soccer-June Camp (4-5) \$85
- Friar Soccer-June Camp (6-8) \$85
- Lady Friars Softball Camp (3-12) \$85
- Speed Development Camp (7-12) \$85
- Strength & Conditioning (weekly) \$40
- Strength & Conditioning (full summer) \$180
- Friar Tennis-July 14th Camp \$85
- Friar Tennis-July 28th Camp \$85
- Lady Friar Volleyball-June Camp (4-6) \$85
- Lady Friar Volleyball-June Camp (7-8) \$85
- Lady Friar Volleyball-July Camp (4-6) \$85
- Lady Friar Volleyball-July Camp (7-8) \$85
- Lady Friar Volleyball-July Camp (9-12) \$85
- Friar Wrestling Camp (K-8) \$85
- Friar Wrestling Camp (9-12) \$85
- Crew Rowing Camps TBD

Method of payment (please circle one):

Check # _____ Cash Staff Certificate

Credit Card

Credit Card Payments:

Card #: _____

Exp. Date: _____ Amt: _____

Signature: _____

Complete both sides of this form & return it with your payment to:

Bishop Lynch Athletics
9750 Ferguson Rd
Dallas, TX 75228

VOLLEYBALL ALL SKILLS CAMP \$85

Coach Tricia Roos
tricia.roos@bishopolynch.org
Ext. 127

June 23-26	Grades 4-6	9-12pm
June 23-26	Grades 7-8	1-4pm
July 7-10	Grades 7-8	1-4pm
July 7-10	Grades 9-12	5-8pm
July 21-24	Grades 4-6	1-4pm

FRIAR WRESTLING CAMP \$85

Coach Tim Matthews
dfdjughead@aol.com
Ext. 344 214-394-2812

June 16-20	Grades K-8	8-12pm
June 16-20	Grades 9-12	1-5pm

CREW ROWING CAMPS TBD

Students who wish to row with HP Crew:
Contact Diana Robinson at tubinson@sbcglobal.net

Students who wish to row for the White Rock Boat
House citywide team:
Contact Sam Leake at sambo@rowtherock.com

For general information please contact
Sherri Cook at sherri.cook@bishopolynch.org

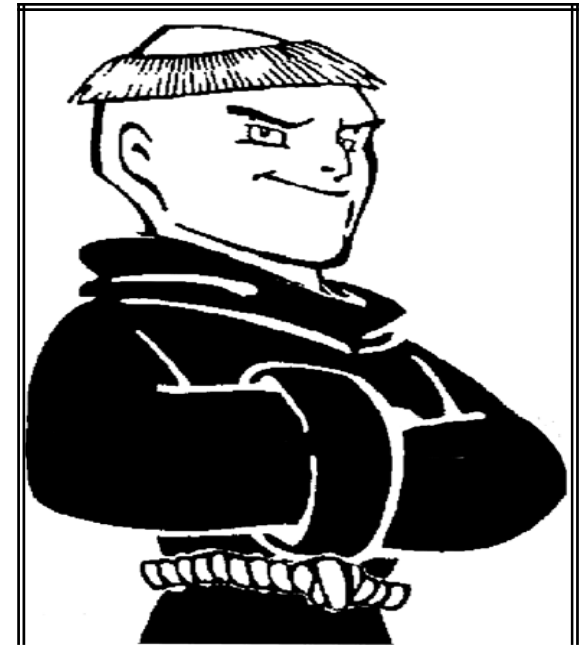
*Coach profiles, team information, and camp
details are available online at
www.bishopolynch.org*

BISHOP LYNCH HIGH SCHOOL
9750 Ferguson Rd
Dallas, TX 75228
214-324-3607

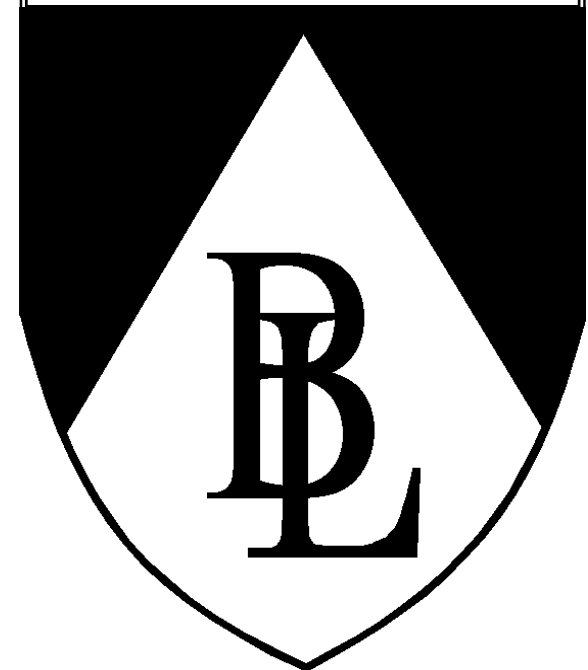
Athletic Director: Andy Zihlman
Assistant A.D.: Bill Persinger
Administrative Assistant: Holly Luckinbill

Registration Instructions

- Please include a separate check for each camp
- A \$25 fee will be charged for all returned checks
- Please register at least one week prior to camp
- If you have an Auction or Staff certificate, it must be included with your registration form.



BISHOP LYNCH H.S. 08 SUMMER ATHLETIC CAMPS



FRIAR AQUATICS CAMP* **\$85**
 Coach Michael Meagher
 michael.meagher@bishopolynch.org
 Ext. 323

Boys and Girls
 July 28-Aug 1 Grades 5-12 8-10am
 *KC Swimming Pool

FRIAR BASEBALL CAMP **\$85**
 Coach Paul Ahearne
 paul.ahearne@bishopolynch.org

June 9-12 Grades 2-7 9-12pm
 June 9-12 Grades 8-9 2-5pm

BL BRIGADE/CHEER CAMP **\$85**
 Coach Cari Schnurr-Brigade
 cari.schnurr@bishopolynch.org
 Ext. 110
 Coach Jennifer Allen-Cheerleading
 jennifer.allen@bishopolynch.org
 Ext. 305 or 214-724-6880

June 16-19 Grades K-8 1-5pm

FRIAR BASKETBALL CAMP **\$85**
 Coach Barry Knott
 barry.knott@bishopolynch.org
 Ext. 115

July 7-10 Grades 7-9 9-12pm
 July 14-17 Grades 3-6 9-12pm
 July 14-17 Grades 10-12 2-5pm

LADY FRIARS CHAMPIONSHIP BASKETBALL CAMP **\$85**
 Coach Andy Zihlman
 andy.zihlman@bishopolynch.org
 Ext. 109

June 9-12 Grades 3-6 8-12pm
 June 9-12 Grades 7-9 1-5pm
 July 21-24 Grades 10-12 8-12pm

FRIAR FOOTBALL CAMP **\$85**
 Coach Bill Persinger
 bill.persinger@bishopolynch.org
 Ext. 284

June 16-19 Grades 1-5 9-12pm
 June 16-19 Grades 6-8 6-8pm
 July 28-30 Grades 9 9-12pm

FRIAR HOCKEY CAMP **TBD**
 Coach Jason Crown
 Hkemn13@aol.com

Contact Lee Kendall for information on this camp:
 214-826-8197

FRIAR SOCCER CAMP **\$85**
 Coach Mark Melancon
 mark.melancon@bishopolynch.org
 Ext. 348

Boys and Girls
 June 9-12 Grades 6-8 9-12pm
 June 9-12 Grades 4-5 1-4pm

LADY FRIARS SOFTBALL CAMP **\$85**
2007 State Champions!
 Coach Amy Wheeler
 amy.johnson@bishopolynch.org
 Ext. 362

June 16-19 Grades 3-12 9-12pm

SPEED DEVELOPMENT CAMP **\$85**
 Coach Billy Clark
 Billy.clark@bishopolynch.org
 Ext. 123

Boys and Girls
 July 21-24 Grades 7-12 9-12pm

STRENGTH & CONDITIONING CAMP
 Coach Ben Dasch
 ben.dasch@bishopolynch.org
 Ext. 325

Boys and Girls
 June 9-July 17 Grades 9-12* 10am-12pm
 June 9-July 17 Grades 9-12* 2pm-4pm**

*Middle School students only with approval from Coach Dasch
 **This session requires pre-approval from Coach Dasch

\$180 for the full summer
\$40 per week (pay as you go)

FRIAR TENNIS CAMP **\$85**
 Coach Judy Porter
 judy.porter@bishopolynch.org
 Ext. 140

Boys and Girls
 July 14-17 Grades 5-12 9-12pm
 July 28-21 Grades 5-12 9-12pm

BISHOP LYNCH SUMMER ATHLETIC CAMPS
Registration Form

Please complete front and back and include w/pymt

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

e-mail address: _____

School: _____ **Grade (08):** _____

Please circle the size T-shirt you want:

Youth: S M LG XL

Adult: S M LG XL

Medical Information

All Bishop Lynch Summer Camps strongly recommend a pre-camp physical for every participant, especially for those who are not yet required to have a yearly physical for athletic participation by their schools. This alerts the camp staff of any particular medical problems and could prove to be a valuable asset should the need for medical attention arise.

Medical Questionnaire:

Allergies _____

Hay Fever _____ Hernia _____ Asthma or lung Problem _____

Sensitivity to drugs or medication _____ Names of medication: _____

Eye problems _____ Ear Trouble _____ Heart trouble _____

Chronic Skin problems _____ Kidney/urinary problem _____

Medications taken regularly: _____

Broken bones _____ When: _____

Previous medical problems: _____

Serious injuries: _____

If, in the judgment of any representative of any Bishop Lynch Athletic Summer Camp, this participant should need immediate medical care and treatment as a result of injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said participant by any physician, trainer, or camp representative, and do indemnify and save harmless Bishop Lynch High School and Bishop Lynch Athletic Summer Camp representatives from any claim by any person whomsoever on account of such care and treatment of said participant. It is also understood that all medical expenses incurred will be the responsibility of the undersigned and not the Bishop Lynch Athletic Summer Camp.

Signature of Parent/Guardian _____ Date _____

EMERGENCY CONTACT

Name _____ Phone _____