Camp Format

June 3 - 6, 2024 Monday - Thursday

7:45a.m. - 8:10a.m.: Student Drop Off Parent or Guardian MUST COME IN to drop off your student(s) at the Cafeteria door (W2 door on the back side of school).

7:45a.m. - 8:10a.m.: Breakfast

8:10a.m. - 12:00p.m.: Camps

Camps will be broken up into 45 minute sessions. This year, camps may include: Baseball (boys) Volleyball (girls) Wrestling (girls & boys) Basketball (girls & boys) Soccer (girls & boys) Flag Football (girls & boys)

12:05p.m. - 12:30p.m.: Lunch & Student Pick Up

Parent or Guardian MUST COME IN to pick up your student(s) at the Cafeteria door (W2 door on the back side of school).

Contact Us



Mike Beaven, Athletic Director Angie Gregory, Asst. Athletic Director

913-371-1201



Mr. Beaven: mbeaven@wardhigh.org Ms. Gregory: amgregory@wardhigh.org Athletics Website: https://www.wardhigh.org/ page/athletic-home-page



School: 708 N. 18th St., KC, KS 66102 Dorney Field: 815 N. 16th St., KC, KS 66102

BISHOP WARD HIGH SCHOOL

2024 YOUTH SUMMER CAMP

FOR GIRLS & BOYS IN GRADES 1-8 FOR THE 2024-2025 SCHOOL YEAR





Super Early Bird Registration

\$150 per person Now until May 1, 2024

Early Bird Registration

\$175 per person May 2, 2024 - May 31, 2024

Day of Camp Registration

\$200 per person June 3 - June 5, 2024

Camp Cost Includes (for EACH person):

Breakfast each day 5 camp sessions each day (45 minutes each) Lunch each day Camp T-shirt on the last day Coupon Book for the camper & 2 guests to attend games FOR FREE for multiple Cyclone teams in the 2024-2025 school year.



Please return the COMPLETED and SIGNED registration form and payment together.

In Person: Deliver to Mike Beaven or Angie Gregory in the Athletics Office at Bishop Ward. By Mail: BWHS Athletic Dept. Attn: Ms. Gregory 708 N. 18th St., Kansas City, KS 66102 By Email: Ms. Gregory -

amgregory@wardhigh.org

2024 Bishop Ward Youth Summer Camp
Registration Form and Waiver
PLEASE USE ONE REGISTRATION FORM FOR EACH STUDENT

Student Name:									
T-Shirt Size (circle one): Youth: S	M M	ED	LG	1	Adult: SM	MED	LG	XL	XXL
Parent/Guardian Name(s):									
Home Address:									
Parent/Guardian Contact Number	:								
Parent/Guardian Email:									
Student Age:		G	rade for	2024-	2025 schoo	l year: _			
Student's School:									
Total Amount Paid:									
(Payment methods accepted: cash, c with the BWHS Athletics Office for						•	-		•
Emergency Contact Person:									
Relationship to Student:				C	ontact #:				
F	arent	/ G	uardia	an W	aiver				
Your student may not p	oartici	ipa	te in t	he 20	024 Cyc	lone Si	ımm	er C	amp
• •		•	your s		•				-
I hereby release Bishop War	d High S	Scho	ool from	any lia			lent or	injury	7
Parent/Legal Guardian Signature:						Date	:		