

Newman Catholic Schools

2025 Summer Camps



All camps are held at

NCHS

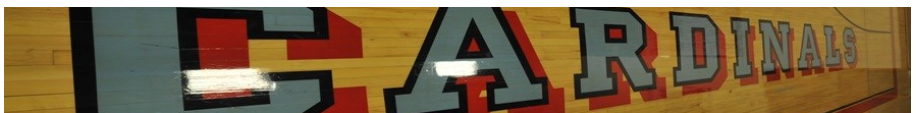
1130 W. Bridge St

Wausau, WI 54401

715-845-8274

***Football
Speed Camp
Volleyball***

***Girls Tennis
Boys Basketball
Girls Basketball***



Registration Instructions

- Please complete a separate form for each camper. Only one “Liability Waiver Form” per student needs to be completed.
- **One check can be made out to “NCS” for multiple camps, but please make a notation in the memo section as to which camps your child/children are attending.**
- Enrollment, Payment & Waiver Form must be mailed to the address below and addressed to “SUMMER CAMP PROGRAM”.

Newman Catholic Middle/High School

Attn: Summer Camp Program

1130 W. Bridge St.

Wausau, WI 54401

Camp Registration Form

Name _____

Address _____

_____ Phone _____

Grade Entering in Fall of '25 _____

Tee Shirt Size (adult) Please Circle

S M L XL XXL

Child Size

Youth S (6-8) Youth M (10-12) Youth L (14-16)

PLEASE CIRCLE THE CAMP OF YOUR CHOICE

Speed Camp: June 5- August 5 \$35.00

Football Camp: July 21 - 24 \$35.00

Girls Basketball Camp: June 2 - June 5 \$35.00

Boys Basketball Camp: June 9- June 12 \$35.00

Volleyball Camp: July 8th - July 10th \$35.00

Tennis Camp: June 9- 13 \$35.00

Liability Waiver →

Liability Waiver Form

Hold Harmless Clause: I/we waive any damages and will hold the Newman Catholic School System, their agents, employees, supporting parishes and the Diocese of La Crosse, harmless from any damages and liabilities arising whatsoever in any action or proceeding brought by ourselves or on behalf of our son/daughter or by a third party relating to acts of our son/daughter based upon any and all acts and events occurring from NCS Summer Camps.

Medical Statement: I hereby authorize the school district, its officers, agents and employees to call or drive my child to the physician, dentist, or hospital if a need for emergency care exists. An ambulance may be called if necessary. I do hereby authorize the treatment by a licensed medical physician, of my child in the event of a medical emergency which in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. As a parent or legal guardian, I remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

Parent Signature: _____

Date: _____

Parent Contact Information:

First Name: _____

Work Phone: _____

Cell Phone: _____

Home Phone: _____

Choice of Hospital if needed: _____