

2026 AC Reynolds Rockets Youth Camps



ACRHS has a long and proud tradition of athletic excellence. We are happy to be able to offer a youth camp experience for our future Rockets at a great price. ACR Youth Camps are staffed by our coaches and our varsity players. Enroll your future Rocket in one of our summer sports camps below! We recommend ages K-8th grade, but exceptions can be made if you talk with the coach of the camp.

Please check your camp choice below.

All 3 Day Camps = \$75 All 4 Day Camps = \$100

Ways to register: 1. Online 2. Mail this form with payment 3. Register in person on 1st day of camp

June		July		August	
	10th-12th Girls Basketball \$75 June 10 (4-7pm); June 11-12 (9-12pm)		6th-9th Boys & Girls Volleyball \$100 K-5 (9-11:30am) 6-9 (12:30-3pm)		3rd-5th Boys & Girls Soccer (9-12pm) \$75
	15th-17th Softball (9-12pm) \$75				
	15th-17th Boys Basketball (9-12pm) \$75		14th-16th Tennis (9-12pm) \$75		
	22nd-24th Baseball (9-12pm) \$75		20th-23rd Cheer (3:30-6:30pm) \$100		
			28th-30th Football (6-9pm) \$75		

Make checks payable to: AC Reynolds High School

Mail to: AC Reynolds High School ATTN: Youth Camps

1 Rocket Dr; Asheville, NC 28803

*******ONE APPLICATION PER CHILD, ONE APPLICATION PER SPORT*******

Camper Name: (Last, First) _____ **Age:** _____ **Grade Next School Year:** _____

Circle T-Shirt Size: YM YL S M L XL

Parent/Legal Guardian: _____ **Parent Email:** _____

Address: _____ **Emergency Contact Name:** _____

City/St/Zip: _____ **Emergency Contact Number:** _____

Family Physician Name/Phone #: _____

Signature of Parent/Legal Guardian: _____ **Date:** _____

OFFICE USE ONLY:

Amt. Pd.: \$ _____ **Cash:** _____ **Check #:** _____ **Received by:** _____

Please read carefully and complete each section

Participation will not be allowed until all sections are complete.

WAIVER

In consideration of my participation in the AC Reynolds Youth camp, I for myself, my heirs, and assigns, hereby release Buncombe County Board of Education, sponsors, volunteers, and employees of this activity for any and all liability arising from illness and damages I may suffer as a result of participation in such event. I attest that I am physically fit, have insurance and I am aware that participation in this event could in some circumstances, result in severe physical injury or death. I hereby expressly recognize thea this Release of Liability, Waiver of Legal Rights, and Assumption of Risk is a contract pursuant to which I have released any and all claims against the Released Parties resulting from any injury or death sustained from participation in the AC Reynolds Youth Camp Activities including any claims for negligence of the Released parties.

Signature

Date

Signature

Date

INSURANCE INFORMATION

Primary Insurance Company: _____

Policy Number: _____

I do not have insurance: _____

In a medical emergency, every attempt to notify the parent or guardian will be made. However, if you cannot be reached, we ask that you grant permission for your child to be treated for a medical emergency by a licensed physician or other persons trained in emergency care. In the event that I cannot be reached, I grant permission to the Buncombe County School to provide medical treatment to my son/daughter _____ by a licensed medical physician. I also give my permission to team trainers/physicians to treat me son/daughter for any sport related injury. I understand that no surgical procedures will be performed without any further consent.

Parent Name (Print)

Signature

Date