



**GULFPORT SCHOOL DISTRICT
2026-2027 ATHLETIC CAMPS**



<u>SPORT</u>	<u>GRADES ('26-'27)</u>	<u>DATES</u>	<u>LOCATION</u>
<input type="checkbox"/> Football Skills	K-6th	June 15-18, 2026	GHS Fieldhouse
<input type="checkbox"/> Cheerleading	K-6th	June 15-18, 2026	Bert Jenkins Gymnasium
<input type="checkbox"/> Boys Basketball	K-6th	September 29-Oct 2, 2026	Bert Jenkins Gymnasium
<input type="checkbox"/> Girls Basketball	K-6th	September 29-Oct 2, 2026	Bert Jenkins Gymnasium
<input type="checkbox"/> Boys Soccer	K-6th	September 29-Oct 2, 2026	GHS Soccer Field
<input type="checkbox"/> Girls Soccer	K-6th	September 29-Oct 2, 2026	GHS Soccer Field
<input type="checkbox"/> Volleyball	K-6th	October 5-8, 2026	Bert Jenkins Gymnasium
<input type="checkbox"/> Baseball	K-6th	January 4-7, 2027	GHS Baseball Field
<input type="checkbox"/> Tennis	K-6th	March 22-25, 2027	GHS Tennis Courts
<input type="checkbox"/> Softball	K-6th	March 22-25, 2027	GHS Softball Field
<input type="checkbox"/> Track	K-6th	March 22-25, 2027	GHS Fieldhouse

(Please check ALL camps that your child will be attending)

For more information, please call the Gulfport Athletic Department, 228-896-9411. All camps will meet from 8:00-12:00, lunch and breakfast provided. The cost for each camp is \$60.00. You may either drop off the form and payment to the Athletic Department located in the Bert Jenkins Gym or mail the form and payment to the address listed below. Make check payable to GSD Athletics.

Gulfport Athletic Department
Attn: Athletic Camps
100 Perry Street
Gulfport, MS 39507

Name _____ Age _____ Grade (2026-27 School Year) _____

Parent/Guardian: _____

Family Physician: _____

T-Shirt Size: Adult S ___ M ___ L ___ XL ___ Youth S ___ M ___ L ___

Phone _____ Work Phone _____

Address: _____
Street City

Parental Release Form

By my signature, I give consent for my child _____ to be treated if required, by private physician and/or hospital in the event of illness or injury may occur while enrolled in and engaged in the activities of the 2026-27 Athletic Camps. I further agree that I will be obligated for all loss resulting from such treatment. I, as parent or legal guardian have actual knowledge and appreciation of the particulars of the camp, including risks involved in participating in the camp, and hereby voluntarily consent to said minor's participation and assume the risks arising there from.

Yes ___ No ___ I consent to having my child's photo, name, and achievements published in school newspapers/newsletters, school annual, school web page, and local newspapers.

Parent or Guardian

Date