

SAINT MICHAEL'S COLLEGE BOYS BASKETBALL CAMP APPLICATION

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ T-Shirt Size (*circle one*): Child: M L Adult: S M L

Grade entering in fall: _____ School: _____ Age (*at time of camp*): _____

Name of Parent/Guardian: _____ Parent's Day/Work Phone: _____

E-mail for confirmation: _____

A deposit of \$100 is required for EACH WEEK OF CAMP your child will be attending.
 The balance of camp fees is paid upon registration.
 Please complete statement of health form below. (\$25/camp is non-refundable.)
 Any incomplete application will be returned and will delay your registration for camp.

PLEASE INDICATE SESSION DESIRED FOR CAMP THAT YOUR CHILD WILL BE ATTENDING:

CAMP/PRICE	CAMP DATES	APPLICATION DUE	REQUIREMENT
_____ Boys Basketball Day Camp (\$240)	July 9-13, 2012	July 2, 2012	Ages 7-17
_____ Boys Basketball Day Camp (\$240)	July 16-20, 2012	July 12, 2012	Ages 7-17

Office Only: Date Rec'd: _____ Amount Pd: _____ Check #: _____ Amount Due: _____ Initials: _____

SAINT MICHAEL'S COLLEGE SPORTS CAMP HEALTH FORM

In case of emergency contact: _____ Phone: _____

Our family will provide insurance coverage if our son/daughter is injured while participating in a Saint Michael's College Sports Camp:

Family Doctor: _____

Health Insurance Company: _____ Policy #: _____

I hereby state that my son/daughter is in good health and may participate in one or more of the Saint Michael's College Sports Camps. I also give permission to the attending health professional, in case of emergency, to allow my son/daughter to be treated in the hospital emergency room, if necessary.

Printed name of Parent/Guardian _____

Signature of Parent/Guardian _____

Please list any special health problems or special circumstances: _____

Please make checks payable to Saint Michael's College.

Return to: Saint Michael's College Summer Athletic Camps, Athletic Department, One Winooski Park, Box 258, Colchester, Vermont 05439