

SAINT MICHAEL'S COLLEGE BOYS LACROSSE 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 Lacrosse Day Camp (\$240) | June 18-22, 2012 | June 7, 2012 | Grades 2-8 |
| _____ Boys Lacrosse Overnight (\$410) | June 20-23, 2012 | June 1, 2012 | Grades 9-12 |
| _____ Commuter (\$325) | June 20-23, 2012 | June 14, 2012 | Grades 9-12 |

Roommate request for overnight camp (optional): _____

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