SAINT MICHAEL'S COLLEGE GIRLS 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
_____	Girls Lacrosse Day Camp ($240)	June 25-29, 2012	June 13, 2012	Grades 5-12

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