## SAINT MICHAEL'S COLLEGE GIRLS FIELD HOCKEY CAMP APPLICATION

Name:	Date of Birth:			
Address:	City:	<b>&gt;</b>	State:	Zip:
Home Phone:		T-Shirt Size (circle one):	Child: N	M L Adult: S M
Grade entering in fall: School:	SAIN		_Age (at tin	ne of camp):
Name of Parent/Guardian:		arent's Day/Work Phor	ne:	
E-mail for confirmation:	JUMN			
A deposit of \$100 is required The balance Please complete statemen Any incomplete application v	e of camp fees is paid u at of health form below	upon registration. v. (\$25/camp is non-	refundable	e.)
PLEASE INDICATE SESSION DES	SIRED FOR CAMP THA	T YOUR CHILD WIL	L BE ATTE	ENDING:
CAMP/PRICE	CAMP DATES	APPLICATION D	DUE RI	EQUIREMENT
Girls Field Hockey Day Camp (\$240) (camper maximum 100)	July 30-August 3, 2012	July 19, 2012	G	rades 2-10
Girls Field Hockey Overnight (\$410) (camper maximum 100)	July 22–26, 2012	July 5, 2012	G	rades 9-12
Commuter (\$325)  Roommate request for overnight can	- •	5 , .		rades 9-12
Office Only: Date Rec'd: Amount Pd	:Check#:	Amount Due:		Initials:
SAINT MICHAEL'S CO	LLEGE SPOR	TS CAMP HE	EALTH	FORM
n case of emergency contact:		Phone:		
Our family will provide insurance coverage if our son/da			hael's Colles	ge Sports Camp:
amily Doctor:				
	Policy #:			
hereby state that my son/daughter is in good health and permission to the attending health professional, in case of necessary.	d may participate in one or	more of the Saint Micha	ael's College	Sports Camps. I also giv
Printed name of Parent/Guardian				
ignatureofParent/Guardian				
Please list any special health problems or special circums	tances:			