



SAINT MICHAEL'S COLLEGE BOYS LACROSSE CAMP APPLICATION



Name: _____ Date of Birth: _____ Position: _____

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

Home Phone: _____ T-Shirt Size (*circle one*): Child: 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: _____ Years of playing experience: _____

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:

All camps have age restrictions: please refer to individual camp brochures. Applications not meeting age criteria will be returned.

CAMP/PRICE	DATES	APPLICATION DEADLINE
_____ Boys Lacrosse Day Camp (\$205)	June 22-26, 2009	June 6, 2009
_____ Boys Lacrosse Overnight Camp (\$350) (camper maximum 100)	June 28-July 2, 2009	June 15, 2009
_____ Commuter (\$275)	June 28-July 2, 2009	June 15, 2009

Roommate requested for Overnight Camp (*optional*): _____

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

SAINT MICHAEL'S COLLEGE BOYS LACROSSE CAMP HEALTH FORM

In case of emergency contact: _____ Phone: _____

I understand our family will provide insurance coverage if our son is injured while participating in one or more of the Saint Michael's College Boys Lacrosse Camps:

Health Insurance: _____ **Family Doctor:** _____

Co. _____

Policy #: _____

I hereby state that my son is in good health and may participate in one or more of the Saint Michael's College Boys Lacrosse Camps. I also give permission to the attending health professional, in case of emergency, to allow my son 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