



SAINT MICHAEL'S COLLEGE GIRLS 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
____ Girls Lacrosse Day Camp (\$205)	June 22-26, 2009	June 8, 2009

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

SAINT MICHAEL'S COLLEGE GIRLS LACROSSE CAMP HEALTH FORM

In case of emergency contact: _____ Phone: _____

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

Health Insurance:

Family Doctor: _____

Co. _____

Policy #: _____

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