

# SAINT MICHAEL'S COLLEGE GIRLS BASKETBALL CAMP APPLICATION



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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: \_\_\_\_\_

***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
_____ <b>Girls Basketball Day Camp (\$225)</b> (camper maximum 200)	<b>June 21–25, 2010</b>	<b>June 7, 2010</b>
_____ <b>Girls Basketball Overnight Camp (\$375)</b> (camper maximum 150)	<b>August 1–5, 2010</b>	<b>July 1, 2010</b>
_____ <b>Commuter (\$295)</b>	<b>August 1–5, 2010</b>	<b>July 1, 2010</b>

Roommate request for overnight camp (*optional*) \_\_\_\_\_

**Office Only:** Date Rec'd: \_\_\_\_\_ Amount Pd: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount Due: \_\_\_\_\_ Initials: \_\_\_\_\_

## SAINT MICHAEL'S COLLEGE GIRLS BASKETBALL 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 Basketball 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 Basketball Camps. I 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