

**2018 CAMDEN CATHOLIC
GIRL'S SUMMER CAMPS
FIELD HOCKEY & LACROSSE**



FIELD HOCKEY

DATE: JUNE 18th – 21st

TIME: 6:30PM to 9:00PM

GRADE: Grades 4th - Pre 9th

COST: \$100

CAMP DIRECTOR:

Maureen Nelson

Field Hockey Coach

Email: mocasserly@gmail.com

LACROSSE

DATE: JUNE 25th – 28th

TIME: 6:30PM to 9:00PM

GRADE: Grades 4th - Pre 9th

COST: \$100

CAMP DIRECTOR:

Bridget Sipera

Head CCHS Lacrosse Coach

Email: bridget.sipera@camdencatholic.org

Come and learn some fun, yet tactical elements of the game you love!

Camp Specials Per Athlete:

\$25 OFF if you register with a sibling or relative!

\$25 OFF each camp wk if you register for BOTH Field Hockey & Lacrosse Camps!

All camp sessions are located at Camden Catholic High School

Each Athlete will receive a T-Shirt upon registration & must bring a copy of current immunization records to week of camp

ALL REGISTRATION FORMS DUE JUNE 1st

EXPERIENCE THE IRISH TRADITION!

CAMDEN CATHOLIC FIELD HOCKEY & LACROSSE SUMMER CAMP REGISTRATION FORM

ALL REGISTRATION FORMS DUE JUNE 1st

Please mail the following form with payment & signed waiver to:

Camden Catholic High School
Field Hockey & Lacrosse Camp
ATTN: Bridget Sipera
300 Cuthbert Road
Cherry Hill, NJ 08002

In consideration of this application being accepted, I, intending to be legally bound, do hereby, for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which I may be or which may hereafter acquire to me against Camden Catholic High School and assigns, for any and all damages which may be sustained or suffered by me in connection with my association with or participation in, and/or arising out of my traveling to or returning from said activities to be participated in at Camden Catholic High School. The activity director has permission to seek medical attention for our child and I grant permission for a physician or other designated agents to provide medical treatment in the event of injury or sickness. Also, as a participant in this activity I will attend all sessions and comply with the rules and regulations governing conduct. Failure to do so will result in immediate dismissal without refund. As a parent, I assume all financial responsibility for any damages resulting from my child's misconduct. I, parent or guardian, do hereby agree to the above waiver and release. In addition, in order to play, I must bring a copy of my daughter's current immunization records to week of camp

Parent Health Insurance Company: _____

Emergency Phone Number: _____

Signed (Parent/Guardian): _____ Date: _____

Signed (Applicant): _____ Date: _____

Please select camp you will attend: FIELD HOCKEY LACROSSE

Athlete Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Age: _____ Date of Birth: _____

Email: _____

Circle T-Shirt Size: YM YL YXL AS AM AL

Grade 2016/2017: _____ School Attending 2017: _____

Circle Total Amt Due:

\$100 Field Hockey or LAX / \$75 Field Hockey or LAX with relative / \$200 Both Camps

Total Amount Enclosed: _____ **Check #:** _____ **Date:** _____

**If attending Field Hockey camp, please make check out to Camden Catholic Field Hockey*

**If attending Lacrosse camp, please make check out to Camden Catholic Lacrosse*

**If attending both camps, please make out (2) separate checks:*

- \$75 check out to Camden Catholic Field Hockey

- \$75 check out to Camden Catholic Lacrosse

If applicable, please denote family member attending: _____