



CAMP REGISTRATION FORM (PAGE 2)

Please complete a separate registration form for each camper

ATHLETICS					
Boys Basketball	<input type="checkbox"/>	\$130	Girls Basketball Fundamentals	<input type="checkbox"/>	\$50
Track and Field	<input type="checkbox"/>	\$40	Volleyball Camp	<input type="checkbox"/>	\$55
Cheerleading	<input type="checkbox"/>	\$50	Soccer	<input type="checkbox"/>	\$55
Tennis Camp 1 Fundamentals (\$50 per session)					<i>Tennis Camp 1 Total</i>
<input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4					
Tennis Camp 2 Technique (\$50 per session)					<i>Tennis Camp 2 Total</i>
<input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4					
Football	<input type="checkbox"/>	\$25	Flag Football Tournament	<input type="checkbox"/>	\$10
<input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2				Strength and Conditioning Camp	
				<input type="checkbox"/> \$45 (June) <input type="checkbox"/> \$60 (July)	
TOTAL ENCLOSED					
<i>The date and time in which registration forms are received at a Holy Family school office or the Central Office will be tracked to determine which camper will be admitted to a camp if the camp reaches its capacity. You will be notified on or before June 1 if a camp you selected did not meet the minimum enrollment or reached capacity before your registration was received. No refunds will be granted after the camp begins. REFUND POLICY: Money will become non-refundable one week before the camp's start date.</i>					
CONSENT AND WAIVER OF RESPONSIBILITY					
It is agreed that camp members, camp staff, camp instructors or camp organizers are not responsible for any injuries incurred during any camp. It is also agreed that Holy Family Catholic Schools is not responsible for any injuries. It is agreed that all risks attendant to watching and/or participating in camp activities, including but not limited to bodily risk, is acknowledged, approved and agreed to by said camper and his or her parents and/or legal guardians as indicated by their signatures hereto. I also agree to allow my child to be treated while attending this camp and I agree to assume all costs related to such treatment. I authorize the disclosure of medical information to my insurance company for the purpose of claim. I also give consent for my child to be photographed and for such photos to be used in the future sponsoring of Holy Family.					
Camper Signature:		Legal Guardian Signature:			Date:
OFFICE USE ONLY	Date Received:		Time Received:		Received By: