

2011 Application

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Email Address: _____

Birthdate ____ / ____ / ____ Position: _____

Grade Entering 9/2011: ____ HS Grad. yr.: _____

School: _____

School Address: _____

HS Coach _____

HS Email: _____

Shirt Size Adult (Please Check) S ____ M ____ L ____ XL ____

Experience (years, clubs, positions): _____

Roommate Request _____

Parent/Guardian: _____

How did you learn about the camp? _____

Refunds and cancellations:

After June 1, 2011, tuition refunds, less \$50 administrative charge, will be made for medical reasons only. A written request with a physician's letter of explanation is necessary to process the refund. Refunds will not be issued after June 1, 2009 for non-medical reasons. In case of illness or injury during camp pro-rated credits will be awarded for next year's camp.

Returned check policy: There will be a \$25 charge for all checks returned for insufficient funds.

Please complete and mail along with your check to:
Finegan Sports Camp
P.O. Box 384
Mechanicsville, Pa 18934-0384
Please make checks payable to:
Finegan Sports Camp



**FINEGAN
SPORTS CAMP**

**Sunday - Wednesday
July 10th to 13th, 2011
Grades 6-12**

Check One: ____ \$475.00 Residential Tuition

BEFORE MAY 1st ONLY

- ____ \$450.00 Individual Rate
- ____ \$425.00 Group Rate (7 or more)
- ____ \$400.00 Team Rate (14-16)

**Groups registrations must be sent in together.
Reserve your space and discount
with \$200.00 deposit.**

Payment Method _____

Total Amount Enclosed \$ _____

Check # _____

Credit Card: _____

Visa _____

Mastercard _____

American Express _____

Expiration Date _____

Card Holder's Signature: _____

Waiver Form

All campers under the age of 18, must have this waiver form signed by the child's parent or guardian.

Statement

I understand that the Finegan Sports Camp at Saint Joseph's University, Saint Joseph's University, its staff and employees, and the camp staff are not responsible for any accident or injury occurring to (child) _____ while attending camp.

(Parent/Guardian Signature) (Date)

Please list any pertinent medical information of which our staff should have knowledge:

Authorization to consent to medical treatment for a minor child.

I, (parent/guardian) _____, state that I am the natural parent and/or have legal custody of (child's name) _____.

I authorize Finegan Sports Camp Head Coach and Camp Director, to consent to any examination, anesthetic, x-ray, medical or surgical diagnosis treatment, and/ or hospital care to be rendered to this minor under the general conditions of special supervision and on the advice of any physician or surgeon licensed to practice when efforts to contact me are unsuccessful. This consent form is granted for the period of July 10 to 13, 2011.

Parent/Guardian's Name (Please Print)

Parent/Guardian's Signature (Please Sign) _____
Date _____

Emergency Phone# _____

Cell Phone# _____

Email Address _____

Medical Insurance Carrier _____

Insurance ID# _____

Carrier Phone # _____

Additional Contact: (used if parent cannot be reached)

Name: _____ Relationship: _____

Phone: _____