

2007 Application

Name: _____

Address: _____

Home Phone: _____

Email Address: _____

Birthdate / / Position: _____

Grade Entering 9/2007: _____ HS Grad. yr.: _____

School: _____

School Address: _____

HS Coach _____

HS Email: _____

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

Experience (years, clubss, positions): _____

Roommate Request _____

Parent/Guardian: _____

How did you learn about the camp? _____

Refunds and cancellations:

After July 1, 2007, 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 July 1, 2007 for non-medical reasons. In case of illness or injury during camp pro-rated credits will be awarded for next year's camp.

Check : ___ Session I Residential/Commuter
July 14 to 17, 2007 Grades 6-12

___ Session II Residential Only
July 19 to 22, 2007 Grades 8-12

Circle One: Residential Tuition \$425.00
Before April 15th \$395.00
Commuter Tuition \$325.00
Group Rate (7 or more) \$395.00
Team Rate (14-16) \$375.00

**Groups registrations must be sent in together.
Rerserve your space with \$150.00 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 **(circle one)** July 14 to 17, 2007, or July 19 to 22, 2007.

Parent/Guardian's Name (Please Print)

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

Emergency Phone# _____

Cell Phone# _____

Medical Insurance Carrier _____

Insurance ID# _____

Carrier Phone # _____

Addtl Contact: (used if parent cannot be reached)

Name: _____ Relationship: _____

Phone: _____

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

Returned check policy: There will be a \$15 charge for all checks returned for insufficient funds.