CAMP APPLICATION

Camper's Name:		
Parents'/Guardian	ıs'	
Names:		
Address:		
Home Phone:		
Cell Phone:		
Fmail:		
School:		
Grade (2019-20):		
Shirt Size (circle one):		
AXS AS	YS YM YL AM AL AXL AXXL	
Pre-regis	stered, single camper at \$60 each. stered, additional family campers at o registration at \$75 each.	
Total Pa	yment	

Pre-registration with payment is due by: May 17, 2019.

Please make checks payable to: Delone Catholic High School Athletic Association

All proceeds will benefit Delone Catholic High School Athletic Programs.

Please mail completed application and payment to:
Delone Catholic High School
ATTN: Soccer Camp
140 South Oxford Avenue
McSherrystown, Pa. 17344

For more information, please call the Athletics Department at 717-637-5969, Ext.213 or e-mail Coach Maitland at dmaitland@delonecatholic.org

STRONG

DELONE CATHOLIC HIGH SCHOOL

ATTN: Soccer Camp 140 South Oxford Avenue McSherrystown, Pa. 17344

For more information, please call: Athletics Department at 717-637-5969, Ext. 213



2019 SQUIRE SPORTS CAMPS

For Boys & Girls Entering Grades 5-9

June 10-13, 2019
9 a.m.-12 p.m.
on the
Field Hockey Field
at
Delone Catholic
High School

- Instruction in fundamentals and advanced skills
- Exercises
 to improve
 dribbling,
 passing,
 moves and
 shooting
- Small-sided games, individual and team competition
- Silly Sock Day
- Free T-shirt
- Awards

COACHING STAFF

<u>Head Coach</u> Derf Maitland

Head Coach Delone Catholic Girls Soccer (7 years), U.S Soccer "E" and "D" License, NCSAA Advanced Regional License, Hanover Soccer Club Coach (8 years)

> Marcelo Sanchez Head Coach Delone Catholic Boys Soccer

Additional staffing provided by the high school soccer players.

COST

(includes T-shirt and awards)

Pre-registration:

Single camper: \$60 per camper Additional family campers: \$35 each. Walk-up registration: \$75 per camper

EQUIPMENT

Shirts, shorts, soccer cleats and shin guards should be worn each day. Also, campers should bring sunscreen and a water bottle.

<u>REGISTRATION</u>

Please mail completed application and payment to:

Delone Catholic High School ATTN: Soccer Camp 140 South Oxford Avenue McSherrystown, Pa. 17344

by May 17, 2019

MEDICAL WAIVER

I, the undersigned, hereby expressly and affirmatively state that I wish for my child,

to participate in the Squire Sports Camp. I realize that my child's participation in this activity or the use of equipment involves various risks of injury. In consideration of being allowed to participate in the activities and programs provided through Delone Catholic High School, I do hereby waive, release and forever discharge Delone Catholic High School, and all of its directors, officials, agents, employees, representatives, event staff and all other affiliates from any and all responsibility or liability for injuries or damages resulting from this activity. I do also hereby release all of those mentioned, and any others acting upon their behalf, from any responsibility or liability for any injury or damage to my child, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my child's participation in any of the contemplated activities or in the use of equipment through Delone Catholic High School, or otherwise.

My child is in good health and is able to participate in camp activities without restrictions. I certify that I have health insurance coverage which will be applied in the event of an injury. I will be responsible for any expenses incurred due to injuries and medical treatment.

Date:
Insurance Company Name:
Policy #:

Parent/Guardian Signature: