



GRAND TRAVERSE AREA CATHOLIC SCHOOLS

SUMMER SPORTS CAMPS

BASKETBALL, BOYS & GIRLS

Directed by coaches at St. Elizabeth Ann Seton
June 20-24

2nd-4th grade	8:00 am -9:30 am	\$50
5th-6th grade	9:30 am-11:00 am	\$50
7th-8th grade	11:15 am-1:00 pm	\$50

VOLLEYBALL CAMP

Directed by coaches at St. Elizabeth Ann Seton
August 15-16

5th-8th grade	3:30-6:00 pm	\$50
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OTHER CAMPS

If registering for a different camp, please follow instructions on the associated registration form.

Please fill out this sheet and return it to:

St. Francis High School Athletic Office
123 E. 11th Street
Traverse City, MI 49684

Call the Athletic Department with questions,
231 946-1180. Thank you.



ATHLETE'S NAME _____

PHONE NUMBER(S) _____

ADDRESS _____

CAMP(S) ATTENDING _____

GRADE (NEXT YEAR) _____

DATE OF BIRTH _____

T-SHIRT SIZE _____

MEDICAL RELEASE

Each participant must have personal medical insurance. Any accident or illness will be treated at Munson Medical Center.

I hereby authorize the Camp Director of the St. Francis Summer Sports Camp to act according to their best judgment in any emergency requiring medical attention. The undersigned acknowledges that, to the best of their knowledge and belief, the camper has no physical disability or problem that would in any way restrict the camper's ability to participate in this program. Further, I release St. Francis High School from any claim relative to any pre-existing condition and/or disability.

SIGNATURE OF PARENT/GUARDIAN _____

MEDICAL INSURANCE COMPANY _____

POLICY # _____

EMERGENCY CONTACT NAME AND PHONE NUMBER _____

PHYSICIAN'S NAME AND PHONE NUMBER _____

PLEASE NOTE ANY MEDICAL INFORMATION FOR CAMP DIRECTOR (ATTACH IF NECESSARY)

