

GRAND TRAVERSE AREA CATHOLIC SCHOOLS

SUMMER SPORTS CAMPS

CAMP FEE IS \$50 PER PARTICIPANT PER CAMP

BOYS BASKETBALL (GIRLS CAMP TBD)

Directed by coaches at St. Elizabeth Ann Seton June 26-28 3rd-5th grade, 9:00-10:30 am 6th-8th grade, 10:30-12:00 pm

GIRLS VOLLEYBALL CAMP

Directed by coaches at St. Elizabeth Ann Seton August 14-15 5th-8th grade 3:30-6:00 pm

OTHER CAMPS

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

Please complete and return with payment (check payable to GTACS)

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

Questions? Contact the Athletic Department, (231) 946-1180



ATHLETE'S NAME	T-SHIRT SIZE
PHONE NUMBER(S)	
ADDRESS	
CAMP(S) ATTENDING	
GRADE (NEXT YEAR)	DATE OF BIRTH
SCHOOL (NEXT YEAR)	

MEDICAL RELEASE

Participants must have personal medical insurance. Any accident or illnesss will be treated at Munson Medical Center.

I hearby authorize the Camp Director of the Grand Traverse Area Catholic Schools 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 Grand Traverse Area Catholic Schoolsl 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 DIREC	CTOR (ATTACH IF NECESSARY)	