

2009 Holy Family University Summer Camp Registration Form

Camper Information

Name _____

Address _____

City _____

State _____ Zip Code _____

Phone Number (____) _____

Parents name(s) _____

Daytime phone number (____) _____

Health Insurance Coverage

(This section must be completed!)

Name of Company _____

Agreement _____

Group # _____

Please list any dietary needs or allergies.

Camp Dates

(Please check the camp you wish to attend.)

Boy's Soccer July 6 - July 10 _____

Girl's Soccer July 20 - July 24 _____

Boy's Basketball July 27 - July 31 _____

Girl's Basketball August 3 - August 7 _____

Number of Children Attending _____ x \$150 (\$140 before March 1) = _____

I hereby authorize the staff of Holy Family University to act for me according to their best judgment in an emergency requiring medical attention, and I hereby waive and release the camp from any and all liability for any injuries or illness incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the program, as listed in the brochure. I also understand the camp retains the rights to use for publicity and advertising purposes photographs of campers taken at camp.

Parent or guardian signature

Please send this completed form with a check made out to Holy Family University for the amount listed above to:

Holy Family University
Business Office
Holy Family Hall Room 202
Philadelphia, PA 19114