

2010 SPARTAN SPORT CAMP REGISTRATION FORM

Camper Name: _____
 Age at time of camp: ____ Grade for '10-'11: ____
 Years in Sport: _____ Experience: _____
 Parents Name: _____
 Address: _____
 City, State, and Zip: _____
 Home Phone: _____
 Mother's Work #: _____ Father's Work #: _____
 Emergency Contact name and Phone #: _____
 Email: _____

May we contact you about Spartan Day and Sport Camp via email? Yes No

For the first time in camp history we will offer a Before and After Care Program for our day sports camps. Parents may choose to use either care program or both. Cost for before care (7:30-8:45) is \$30.00 and \$45.00 for after care (3:00-5:30).

MAKE ALL CHECKS PAYABLE TO SPARTAN SPORT CAMP

Mail application and nonrefundable **\$65.00** deposit per camp to:
 Tom DeMatteis, St. Mark's High School, 2501 Pike Creek Road, Wilmington, DE 19808

<u>CAMP</u>	Before	After	<u>CAMP</u>	Before
____ Boys Soccer	____	____	____ Rookie Baseball	____
____ Girls Soccer	____	____	____ Beginner Football	____
____ Baseball I	____	____	____ Volleyball	
____ Baseball II	____	____	____ Basketball	
____ Wrestling	____	____	____ Strength & Speed	
____ Football	____	____		
____ Lacrosse	____	____		

I HEREBY GIVE PERMISSION FOR MY SON/DAUGHTER TO PARTICIPATE IN THE SPARTAN SPORT CAMP. I CERTIFY THAT HE/SHE IS PHYSICALLY FIT AND I WILL NOT HOLD THE SPARTAN SPORT CAMP STAFF MEMBERS LIABLE FOR ANY ACCIDENT OR INJURY INCURRED DURING THE COURSE OF THE CAMP.

Also, the signature gives the camp permission to use any photo taken of your child while participating in camp activities in publications and on the camp website.

Parent Signature: _____ Date: _____

_____ health insurance company covers my child.