

# 2014 CAMDEN CATHOLIC GIRL'S FIELD HOCKEY SUMMER CAMPS



## FIELD HOCKEY

### SESSION 1:

DATE: JUNE 16th – 19th  
TIME: 6:30PM to 9:00PM  
GRADE: Grades 4th - Pre 9<sup>th</sup>  
COST: \$150

### SESSION 2:

DATE: JUNE 23rd – 26th  
TIME: 6:30PM to 9:00PM  
GRADE: Grades 4th - Pre 9<sup>th</sup>  
COST: \$150

### CAMP DIRECTOR:

Maureen Nelson  
Field Hockey Coach  
Email: [mocasserly@gmail.com](mailto:mocasserly@gmail.com)

*Come and learn some fun, yet tactical elements of the game you love!*

### *Camp Special Per Athlete:*

*\$50 OFF if you register with a sibling or relative*

*All camp sessions are located at Camden Catholic High School*

*Each Athlete will receive a T-Shirt upon registration & must bring a copy of current immunization records to week of camp*

**ALL REGISTRATION FORMS DUE JUNE 1st**

**EXPERIENCE THE IRISH TRADITION!**

# CAMDEN CATHOLIC FIELD HOCKEY SUMMER CAMP REGISTRATION FORM

*ALL REGISTRATION FORMS DUE JUNE 1st*

*ALL CHECKS MADE PAYABLE TO: CAMDEN CATHOLIC FIELD HOCKEY*

Please mail the following form with payment & signed waiver to:

**Camden Catholic Field Hockey**

300 Cuthbert Road  
Cherry Hill, NJ 08002

In consideration of this application being accepted, I, intending to be legally bound, do hereby, for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which I may be or which may hereafter acquire to me against Camden Catholic High School and assigns, for any and all damages which may be sustained or suffered by me in connection with my association with or participation in, and/or arising out of my traveling to or returning from said activities to be participated in at Camden Catholic High School. The activity director has permission to seek medical attention for our child and I grant permission for a physician or other designated agents to provide medical treatment in the event of injury or sickness. Also, as a participant in this activity I will attend all sessions and comply with the rules and regulations governing conduct. Failure to do so will result in immediate dismissal without refund. As a parent, I assume all financial responsibility for any damages resulting from my child's misconduct. I, parent or guardian, do hereby agree to the above waiver and release. In addition, in order to play, I must bring a copy of my daughter's current immunization records to week of camp

**Parent Health Insurance Company:** \_\_\_\_\_

**Emergency Phone Number:** \_\_\_\_\_

**Signed (Parent/Guardian):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed (Applicant):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please select FH session you will attend:  SESSION 1  SESSION 2

**Athlete Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Circle T-Shirt Size:**      YM              YL              YXL              AS              AM              AL

**Grade 2014/2015:** \_\_\_\_\_ **School Attending 2014:** \_\_\_\_\_

**Total Amt Due:** \$150 Field Hockey Camp Only or \$100 Field Hockey w/Relative

**Total Amount Enclosed:** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Date:** \_\_\_\_\_