CARDINAL SPELLMAN H.S. -SUMMER CAMP 2014 Application

Choose all that apply:

Boys' Basketball Camp 7/7-7-11	Boys' & Girls' Volleyball 7/21-7/25	
Boys' Basketball Camp 7/14-7/18	Boys' & Girls' Track & Field Camp 7/14-7/18	
Boys' & Girls' Soccer Camp 7/28-8/1	Boys' & Girls' Band Camp 8/11-8/15	
Boys' & Girls Glee Camp 7/14-7/18	Boys' & Girls' Band Camp 8/18-8/22	
Boys' Football Camp 7/21-7/25	Boys' Lacrosse Camp 7/28-8/1	
Name_	Male Female	
Street Address		
City, State, Zip Code		
Date of Birth (m/d/y)	Age (as of July 1, 2014)	
Name of Parent(s)/Guardian(s)		
Home Phone Cell Phone	ne Work Phone	
School Attended in June 2014		
Grade CompletedHeightWeight		
athlete/participant is not a member of a school Beginner 2: This athlete/participant has had Intermediate: This athlete/participant has haleast two (2) years.	participant who has had no formal experience. This team or club and is learning skills for the first time. some experience on a club or school team. ad experience playing on a school/club team for at ELEASE	
I, the undersigned, individually and as parent(s)		
summer camp(s) sponsored by Cardinal Spellma do hereby release, discharge, and hold harmless officers, agents, and employees of an from all ca ever on account of any injury or accident involve	in High School. In consideration of such admission, I Cardinal Spellman High School, the camp staff, its suses, liabilities, damage, claims, or demands whatsoing said minor arising out of the minor's attendance at for activities held in connection with the camp(s).	
Mother's/Guardian's Signature	Father's/Guardian's Signature	

CARDINAL SPELLMAN HIGH SCHOOL



One Cardinal Spellman Place, Bronx, New York 10466

> (718)881-8000 ext. 231

SUMMER CAMPS 2014

For information and /or to register
Online go to
www.cardinalspellman.org ot
Call (718) 881-8000

CARDINAL SPELLMAN H.S.— SUMMER CAMP 2014 Medical Information

Please attach a medical clearance form from your doctor stating that your child is fit to participate.

Camper's		
	Last Name	e First Name
Home Ado	dress	
City	State_	Zip
Mother's/	Guardian's	
Daytime P	hone	
Home Pho	one	
Cell Phon	e	
Father's/C	Guardian's	
Daytime P	'hone	
Home Pho	one	
Cell Phone	e	
MEDICA TION	L TREATME	ENT AUTHORIA-
ity may car child has r	use physical in eceived a phy	on in any sport or activ njury. I verify that my sical examination dur- ear and is physically fi

is attending camp(s).

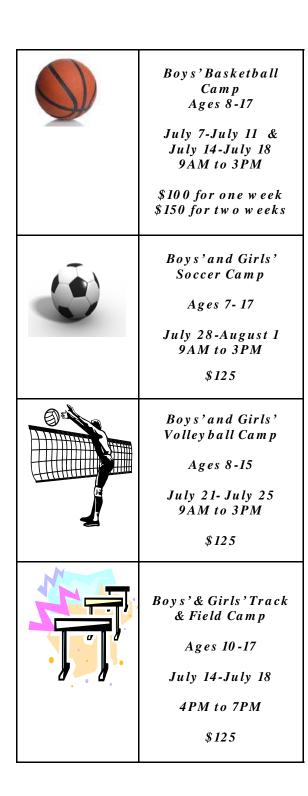
An additional medical form

jury while my minor child,

An additional medical form will be sent to you after your child is registered.

to participate in strenuous activity. I give per-

mission for medical attention for illness or in-





Boys' Lacrosse Camp

5th thru 8th grades

July 28-August 1

4:30 PM to 7PM

\$100

(\$75 if registering for both Football and Lacrosse)



Boys' Football Camp

5th thru 8th grades

July 21-July 25

4:30-7PM

\$150 (\$125 if registering for both Lacrosse & Football)



Boys' and Girls' Glee Camp Ages 12-17

July 14-July 18 9AM to 2PM

\$50



Boys' and Girls' Band Camp

Incoming 9th Grades and Current Students

> August 11-15 August 18-21

9:30 AM to 2 PM

\$25