

2010 Application

Name: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthdate / / Position: \_\_\_\_\_

Grade Entering 9/2010: \_\_\_\_\_ HS Grad. yr.: \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_

HS Coach \_\_\_\_\_

HS Email: \_\_\_\_\_

Shirt Size Adult (Please Check) S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_

Experience (years, clubs, positions): \_\_\_\_\_

\_\_\_\_\_

Roommate Request \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

How did you learn about the camp? \_\_\_\_\_

Refunds and cancellations:

After July 1, 2010, tuition refunds, less \$100 administrative charge, will be made for medical reasons only. A written request with a physician's letter of explanation is necessary to process the refund. Refunds will not be issued after July 1, 2010 for non-medical reasons. In case of illness or injury during camp pro-rated credits will be awarded for next year's camp.

Session : Residential  
July 17 to 20, 2010

Circle One: Residential Tuition \$475.00  
Before April 15th ONLY: \$425.00  
Group Rate (7 or more) \$450.00  
Team Rate (14-16) \$425.00

**Groups registrations must be sent in together.  
Rerserve your space with \$200.00 deposit.**

Payment Method _____
Total Amount Enclosed \$ _____
Check # _____
Credit Card:
Visa _____
Mastercard _____
American Express _____
Expiration Date _____
Card Holder's Signature: _____
_____

**Waiver Form**

All campers under the age of 18, must have this waiver form signed by the child's parent or guardian.

**Statement**

I understand that the FSC Hockey, Saint Joseph's University, and its staff and employees, and the camp staff are not responsible for any accident or injury occurring to (child) \_\_\_\_\_ while attending camp.

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

Please list any pertinent medical information of which our staff should have knowledge:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorization to consent to medical treatment for a minor child.

I, (parent/guardian) \_\_\_\_\_, state that I am the natural parent and/or have legal custody of (child's name) \_\_\_\_\_.

I authorize Finegan Sports Camp Head Coach and Camp Director, to consent to any examination, anesthetic, x-ray, medical or surgical diagnosis treatment, and/ or hospital care to be rendered to this minor under the general conditions of special supervision and on the advice of any physician or surgeon licensed to practice when efforts to contact me are unsuccessful.

This consent form is granted for the period of July 17 to 20, 2010.

Parent/Guardian's Name (Please Print)

\_\_\_\_\_  
Parent/Guardian's Signature (Please Sign) \_\_\_\_\_  
Date \_\_\_\_\_

Emergency Phone# \_\_\_\_\_

Cell Phone# \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

Insurance ID# \_\_\_\_\_

Carrier Phone # \_\_\_\_\_

Add'l Contact: (used if parent cannot be reached)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Returned check policy:** There will be a \$30 charge for all checks returned for insufficient funds.

Please complete and mail along with your check to: Finegan Sports Camp P.O. Box 384 Mechanicsville, Pa 18934-0384 Please make checks payable to: <b>Finegan Sports Camp</b>
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