

Sports Camps

Basketball Camp 8:30 - 11:30 AM 12:00 - 3:00 PM	June 22-26 Boys Girls	\$50.00	Grades 4-8
Soccer Camp 8:30 - 11:30 AM	June 29-July 3	\$50.00	Grades 4-8
Fitness & Agility Camp 3:00 - 5:00 PM	July 13-17	\$40.00	Grades 4-8
Basketball Camp 6:00 - 9:00 PM	August 3-7	\$50.00	Grades 9-12
Soccer Camp 6:00 - 9:00 PM	August 10-14	\$50.00	Grades 9-12



GENERAL INFORMATION

All sports camps will meet at the High Point Academy fields.

Registration forms can be mailed in or brought with you to the camp.

You may want to bring your own water bottle and towel.

DETACH HERE

2009 SUMMER SPORTS CAMP

IMPORTANT: PLEASE COMPLETE INFORMATION ON FRONT AND BACK (INCLUDE SIGNATURES)

Name _____ Male _____ Female _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ E-mail _____

Parent/Guardian _____ Work # _____

Birth Date _____ / _____ / _____ Age _____

	Camp	Dates	Cost	Grades
<input type="checkbox"/>	Basketball	Jun 22-26	\$50.00	4 - 8
<input type="checkbox"/>	Soccer	Jun 29-Jul 3	\$50.00	4 - 8
<input type="checkbox"/>	Fitness	Jul 13-17	\$40.00	4 - 8
<input type="checkbox"/>	Basketball	Aug 3-7	\$50.00	9 - 12
<input type="checkbox"/>	Soccer	Aug 10-14	\$50.00	9 - 12

Registration forms should be brought to the first day of camp.

MEDICAL INFORMATION AND AUTHORIZATION

Please Print Clearly

Emergency Contact #1 _____

Home Ph # () _____ Work () _____

Emergency Contact #2 _____

Home Ph # () _____ Work () _____

Special Medications: (Please attach separate explanations, be specific)

Special Health Problems, Handicaps, Disorders, or Diseases:

(Please attach separate explanation, be specific)

Allergic reactions: Bee Stings _____

Penicillin _____ Other _____

Type of reaction: _____

Treatment given: _____

Insurance Company _____

Address _____

Policy # _____

MEDICAL AUTHORIZATION

In case of medical emergency, I hereby give my permission to the staff member in charge to: Hospitalize, and/or secure the services of a licensed physician, surgeon or anesthesiologist in providing the necessary care for my child as named on this registration form. I certify that my child is in good physical condition, and is able to participate in the entire camping program except for activities listed as "restricted." I understand as a parent or guardian that my child is capable and willing to administer his/her own prescription medication to his or her self.

Signature of Parent or Guardian

Date

CAMPER AGREEMENT

I have carefully read the general information, and I agree to cooperate and comply in all these areas. I understand that violation of these areas may result in my dismissal from camp.

Signature of Camper

Date

SUMMER SPORTS CAMPS



HIGH POINT CAMP & CONFERENCE CENTER

P.O. Box 188

Geigertown PA 19523

(610) 286-5942, Ext. 153

www.hpcamp.org