

# Catholic of Pointe Coupee

## Summer Camp Registration Form

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade Entering Fall 2018 \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Cell Number \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact Name and Number \_\_\_\_\_

T-shirt Size (if applicable to camp selected):    YXS    YS    YM    YL    AS    AM    AL

### Camp(s) Attending:

- |  |                 |       |
|--|-----------------|-------|
| <input type="checkbox"/> Tumbling Camp             | June 11-15      | \$100 |
| <input type="checkbox"/> Youth Football Camp       | June 18-22      | \$120 |
| <input type="checkbox"/> Cheerleading Camp         | June 20-22      | \$85  |
| <input type="checkbox"/> VolleyTot Camp            | July 9-11       | \$100 |
| <input type="checkbox"/> VolleyKids Camp           | July 16-18      | \$100 |
| <input type="checkbox"/> Middle School Volleyball  | July 23-26      | \$125 |
| <input type="checkbox"/> Football – Summer Workout | June 11-July 19 | \$100 |

Total Registration: \_\_\_\_\_ Payment Method: Cash    Check # \_\_\_\_\_

**\*All checks should be made payable to Catholic of Pointe Coupee\***

**\*Please view additional camp details via individual camp flyers at [www.catholicpc.com](http://www.catholicpc.com)\***

I authorize the camp sponsor/coach to request medical treatment as necessary to insure the well being of the camper. We the undersigned for ourselves, of heir, executors and administrators, waiver and release and forever discharge the camp, their staff, players, and Catholic of Pointe Coupee of any and all rights claims for damage to person or property which may be sustained or occur during participation in activities, to or from whether paid damages, injury or loss are due to negligence or not.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_