

CAMP APPLICATION

Camper's Name: _____

Parents'/Guardians'

Names: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

School: _____

Grade (2018-19): _____

_____ Pre-registered, single camper at \$60 each.

_____ Pre-registered, additional family campers at
\$35 each.

_____ Walk-up registration at \$70 each.

_____ Total Payment

Pre-registration with payment is due by:
May 18, 2018.

Please make checks payable to:
Delone Catholic High School Athletic Association

All proceeds will benefit
Delone Catholic High School Athletic Programs.

Please mail completed application and payment to:
Delone Catholic High School
ATTN: Soccer Camp
140 South Oxford Avenue
McSherrystown, Pa. 17344

For more information, please call:
Athletics Department at 717-637-5969, Ext.213

SQUIRE



STRONG

DELONE CATHOLIC HIGH SCHOOL
ATTN: Soccer Camp
140 South Oxford Avenue
McSherrystown, Pa. 17344

For more information, please call:
Athletics Department at 717-637-5969, Ext. 213



2018 SQUIRE SPORTS CAMPS

For Boys & Girls
Entering
Grades 5-9

June 4-7, 2018
9 a.m.-12 p.m.
on the
Field Hockey Field
at
Delone Catholic
High School

SOCCKER

SKILLS CAMP

- Instruction in fundamentals and advanced skills
- Exercises to improve dribbling, passing, moves and shooting
- Small-sided games, individual and team competition
- Squire Soccer ball gift
- Silly Sock Day
- Awards

COACHING STAFF

Derf Maitland

Head Coach Delone Catholic Girls Soccer (6 years), U.S Soccer "E" and "D" License, NCSAA Advanced Regional License, Hanover Soccer Club Coach (8 years)

Marcelo Sanchez

Head Coach Delone Catholic Boys Soccer

Additional staffing provided by the high school soccer players.

COST

(includes a soccer ball and awards)

Pre-registration:

Single camper: \$60 per camper

Additional family campers: \$35 each.

Walk-up registration: \$75 per camper

EQUIPMENT

Shirts, shorts, soccer cleats and shin guards should be worn each day. Also, campers should bring sunscreen and a water bottle.

REGISTRATION

Please mail completed application and payment to:

Delone Catholic High School
ATTN: Soccer Camp
140 South Oxford Avenue
McSherrystown, Pa. 17344

by May 18, 2018

MEDICAL WAIVER

I, the undersigned, hereby expressly and affirmatively state that I wish for my child,

_____ to participate in the Squire Sports Camp. I realize that my child's participation in this activity or the use of equipment involves various risks of injury. In consideration of being allowed to participate in the activities and programs provided through Delone Catholic High School, I do hereby waive, release and forever discharge Delone Catholic High School, and all of its directors, officials, agents, employees, representatives, event staff and all other affiliates from any and all responsibility or liability for injuries or damages resulting from this activity. I do also hereby release all of those mentioned, and any others acting upon their behalf, from any responsibility or liability for any injury or damage to my child, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my child's participation in any of the contemplated activities or in the use of equipment through Delone Catholic High School, or otherwise.

My child is in good health and is able to participate in camp activities without restrictions. I certify that I have health insurance coverage which will be applied in the event of an injury. I will be responsible for any expenses incurred due to injuries and medical treatment.

Parent/Guardian Signature: _____

Date: _____

Insurance Company Name: _____

Policy #: _____