

CAMP APPLICATION

Camper's Name: _____

Parents'/Guardians'

Names: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

School: _____

Grade (2018-19): _____

Shirt Size (circle one):

YS YM YL AS AM AL

_____ Campers at \$50 each.

_____ Total Payment

Pre-registration with payment is due by:
June 1, 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: Youth Tennis Camp
140 South Oxford Avenue
McSherrystown, Pa. 17344

For more information, please call:
Coach Denise Dunn
717-965-9697
tennis55@comcast.net



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

For more information, please call or email:
Coach Denise Dunn
717-965-9697
tennis55@comcast.net



2018 SQUIRE SPORTS CAMPS

For Boys and Girls
Ages 6-15

June 11-15, 2018
4:30-6 p.m.
at the
Tennis Courts
at

604 West Hanover
Street, Hanover, Pa.

TENNIS

TENNIS SKILLS CAMP

This camp is for boys and girls from ages 6-15 who are interested in learning or improving their tennis skills and preparing to play high school tennis.

COACHING STAFF

Head Coach
Denise Dunn

Coach Dunn is the Delone Catholic boys' and girl's tennis coach. She is certified by the United States Tennis Professional Tennis Association.

Additional staffing provided by Delone Catholic varsity tennis players.

COST

(includes camp t-shirt)

\$50 per camper

EQUIPMENT

Campers should bring a water bottle. Tennis racquets will be made available, if needed.

REGISTRATION

Fill out the attached application and return with payment by June 1, 2018 to:

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

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 #: _____