

CAMP APPLICATION

Camper's Name: _____

Parents'/Guardians'

Names: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

School: _____

Grade (2019-20): _____

Shirt Size (circle one):

YS YM YL AS AM AL AXL

_____ Campers at \$45 each.

_____ Total Payment

Pre-registration with payment is due by:
June 9, 2019

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 Field Hockey Camp
140 South Oxford Avenue
McSherrystown, Pa. 17344

For more information, please call or email:
Athletics Department at 717-637-5969 Ext. 213
achilders@delonecatholic.org

SQUIRE



STRONG

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

For more information, please call or email:
Athletics Department at 717-637-5969 Ext. 213
achilders@delonecatholic.org



2019 SQUIRE SPORTS CAMPS

For Girls Entering
Grades 5 - 9

June 17-21, 2019
4:30-7:30 p.m.

at the
Delone Catholic HS
Field Hockey Field

FIELD HOCKEY

FIELD HOCKEY SKILLS CAMP

This camp is for girls entering grades 5-9. The goal of this camp is to introduce young female athletes to the sport of field hockey through instructional skills stations and by teaching the rules and positions of the game. Join us to learn more about the exciting sport of field hockey.

COACHING STAFF

Head Coach
Amanda Childers

Additional staffing provided by
Delone Catholic varsity Field Hockey
players.

COST

(includes camp t-shirt and mouth guard)

\$45 per camper

EQUIPMENT

Campers should bring a water bottle, field hockey stick, goggles and shin guards
(Borrowed equipment available upon request.)

REGISTRATION

Fill out the attached application and return with payment by **June 9, 2019** to:

Delone Catholic High School
ATTN: Field Hockey 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 #: _____