

Bishop Shanahan



Summer Camp

Camp Features

- *Exposure to every aspect of the game*
- *Instruction from High School coaches*
- *Player Awards*
- *Camp T-Shirts*

Emphasis on

- *Goalie Coaching*
- *Shooting Drills*
- *Ball Handling Skills*
- *Focus on Fundamentals*
- *Games and Contests Daily*

Staff

- *Composed of the Bishop Shanahan Coaches, Alumni, & Current players*

General Information

- *Dates: June 20-24*
- *Times: 9 am – 12 pm*
- *Grades: 3 – entering 9th*
- *Location: Bishop Shanahan High School Soccer Field*
- *Cost: \$150*
- *Please Make All Checks Payable To:*
Bishop Shanahan High School
220 Woodbine Road
Downingtown, PA 19335
Attn: Athletic Department

Contact Information

Camp Director: Nancy Roselli nancy_roselli@comcast.net

Bishop Shanahan Varsity Field Hockey Coach

Or

Bishop Shanahan Athletic Office

610-343-6246

Please circle which camp you are registering for:

Boy's Soccer

Girl's Soccer

Field Hockey

REGISTRATION

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Emergency Contact: _____

Parent Email: _____

Current School: _____

Age: _____

T-Shirt Size: YL/XS S M L XL

INSURANCE INFORMATION

CAMPER NAME _____

Coverage for accidental injury is required for all campers. Please indicate your family health plan below:

HEALTH INSURANCE COMPANY _____

POLICY NUMBER _____

MEDICAL RELEASE FORM

THIS IS TO CERTIFY THAT MY CHILD _____

IS FREE FROM ANY ILLNESS, INJURIES, OR DEFECTS WHICH WOULD INHIBIT ANY OR ALL PARTICIPATION IN CAMP ACTIVITIES. PLEASE LIST ANY KNOWN ALLERGIES BELOW:

I HEREBY WAIVE & RELEASE THE BISHOP SHANAHAN HIGH SCHOOL YOUTH CAMP STAFF, BISHOP SHANAHAN HIGH SCHOOL, & THE ARCHDIOCESE OF PHILADELPHIA FROM ANY INJURY OR ILLNESS INCURRED BY MY CHILD WHILE AT CAMP.

PARENT/GUARDIAN SIGNATURE