

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