



# ST. TIMOTHY'S SCHOOL SUMMER SPORTS PROGRAMS 2007



## REGISTRATION FORM

**Please Print**

CAMPER'S NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME NICKNAME, IF ANY

CAMP:       GBGLL Summer league      June 25-July 29 6 - 8 pm      Jersey Size:  S    M    L  
 Field Hockey-Lacrosse Combo      June 18-21 9:30 am - 2:30 pm  
 Evening Lacrosse Camp      June 18-22 6 - 8:30 pm

GRADE IN SEPTEMBER 2007: \_\_\_\_\_      AGE: \_\_\_\_\_      SIGNED UP WITH: \_\_\_\_\_  
(leave blank or write the name of one friend to be v

PLAYING EXPERIENCE (YEARS): \_\_\_\_\_      PREFERRED POSITION: \_\_\_\_\_

MOTHER: \_\_\_\_\_      FATHER: \_\_\_\_\_  
Home address: \_\_\_\_\_      Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_      Home phone: \_\_\_\_\_  
Business phone: \_\_\_\_\_      Business phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_      E-mail address: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_      Place of Employment: \_\_\_\_\_

List two people to contact in an emergency if a parent or guardian cannot be reached:

Name: \_\_\_\_\_      Name: \_\_\_\_\_  
Phone: \_\_\_\_\_      Phone: \_\_\_\_\_

How did you hear about the league/camps? \_\_\_\_\_

I have no knowledge of any physical impairment that would prevent this camper from participating fully in this program. I understand and accept the risk of injury to my child while participating in this camp, and I release St. Timothy's School and all camp members from all liability. I authorize camp staff members to act for me according to their judgment if medical attention is required.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_      DATE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_

The camp/league fee of \$175 is due in full at the time of registration. A \$75 deposit is required by June 10. Please make checks payable to St. Timothy's School.

- Enclosed is a non-refundable check for \$75 to serve as my deposit. I understand that the balance of \$100 is due by registration. (GBGLL registration 6/24; FH/LAX registration June 18; LAX Evening registration June 18)
- Enclosed is a check for payment in full of \$175.
- Special: If you sign up for two of the three opportunities by May 1, 2007, save \$50 - Pay only \$300!

PLEASE MAIL FORM WITH CHECK TO:      St. Timothy's School

Summer Sports Camps  
c/o Business Office  
8400 Greenspring Ave.  
Stevenson, MD 21153 USA