

Student's Name: \_\_\_\_\_

School Grade Entering in August: \_\_\_\_\_ School Attending: \_\_\_\_\_

T-Shirt Size: (Circle One) YS YM AS AM AL AXL

Parent's Name(s): \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone(s): ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact Other Than Parents:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Phone Number(s): ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_



OVER →



**Check Camp(s) you are registering for:**

<input type="checkbox"/> Girls Volleyball Camp	Rising 4th – 9th	June 13 - 17	8:00 – 11:30 a.m.	\$85
<input type="checkbox"/> Girls Basketball Camp	Rising 4th – 9th	June 13 – 17	12:30 – 4:00 p.m.	\$85
<input type="checkbox"/> Boys Football Camp	Rising 4th – 9th	June 13 - 16	9:00 – 4:00 p.m.	\$160
<input type="checkbox"/> Boys Basketball Camp	Rising 4th – 9th	July 5 - 8	9:00 – 4:00 p.m.	\$160
<input type="checkbox"/> Girls & Boys Soccer Camp	Rising 3rd – 9th	July 25 – 29	8:30 a.m. – 12:00 Noon	\$85

Medical Release

I/We, the undersigned parent or guardian give my child permission to participate in Calvary Christian High School's Summer Sports Camp. In the event of an emergency where I, the parent or guardian cannot be contacted, I give my permission to the camp staff to obtain the services of a licensed physician.

Special Medical Information:

**Please return Registration Form and Fee(s) to:**



Calvary Summer Sports Camps  
 110 N. McMullen Booth Road  
 Clearwater, FL 33759

Please make checks payable to  
 Calvary Christian High School