

2018 SPSV SUMMER SPORTS CAMPS

Registration Form

Student's Name:		
Address:		
Current School (or school in fall):	Grade in Fall:	
Birth Date / Age:	Gender: M F	
Parent's/Guardian's Full Name(s):		
Email Address:		
Cell Phone:	Home Phone:	Work Phone:
Emergency Contact:		Emergency Contact Phone:
Physician Name:		Physician Phone:
Health Insurance & Policy number:		Allergies or Health Issues:

****Please contact Coach Miguel Delgado at m.delgado@spsv.org or 707-373-9643 with any questions or for more information****

Summer Sports Camps (Please check the shaded box for the camp(s) the student will attend)		Grades	Date	Time	Price
<input type="checkbox"/>	Boys High School Basketball (Camp fee covers costs of entire summer- 2 weeks of camp, tournaments, open gym and weight room)	9 th - 12 th	May 29-May 31 and June 4-7	6pm-8pm	\$200
<input type="checkbox"/>	Little Bruin Basketball Camp Week 1 (boys)	4 th - 8 th	June 18-21	2pm- 5pm	\$125
<input type="checkbox"/>	Little Bruin Basketball Camp Week 2 (boys)	4 th - 8 th	July 9-11	9am- 11am	\$75
<input type="checkbox"/>	Girls High School Basketball	9 th - 12 th	June 11-14	10am-12pm	\$100
<input type="checkbox"/>	Little Lady Bruin Basketball	3 rd - 8 th	June 11-14	1pm- 4pm	\$150
<input type="checkbox"/>	Intro to Basketball (co-ed)	K- 5 th	June 18-20	12pm-2pm	\$80
<input type="checkbox"/>	Girls High School Basketball Offensive Skills Training	9 th - 12 th	June 25-27	9am-11am	\$75
<input type="checkbox"/>	Basketball Offensive Skills Training (co-ed)	3 rd - 5 th	June 25-27	11:30am- 1:30pm	\$80
<input type="checkbox"/>	Basketball Offensive Skills Training (co-ed)	6 th - 8 th	June 25-27	2pm- 4pm	\$80
<input type="checkbox"/>	Flag Football (Skill development camp grouped by experience level)	3 rd - 8 th	June 18-20	9am-12pm	\$80
<input type="checkbox"/>	Cheer- 2 Day Clinic (Stunting and Game Day Dance Routines)	K- 8 th	July 12-13	1-4pm	\$50
<input type="checkbox"/>	Boys Baseball (Skill development camp grouped by experience level)	K - 8 th	June 18-21	12:30pm- 3:30pm	\$130
<input type="checkbox"/>	Girls Softball (Skill development camp grouped by experience level)	K- 8 th	June 25-28	9am-12pm	\$130
<input type="checkbox"/>	Girls High School Volleyball	9 th - 12 th	June 11-14	5pm-8pm	\$150
<input type="checkbox"/>	Boys High School Volleyball	9 th - 12 th	July 23-26	5pm-8pm	\$150
<input type="checkbox"/>	Co-ed Volleyball	3 rd - 8 th	July 9-12	5pm-8pm	\$150
<input type="checkbox"/>	Aquatics Week 1- Guppy Cubs (swim lessons)	K-6 th	June 25-28	11am-11:30am	\$75
<input type="checkbox"/>	Aquatics Week 1- Little Bruins (ability to swim 25 yards without assistance)	K-6 th	June 25-28	11am-12pm	\$100
<input type="checkbox"/>	Aquatics Camp Week 1 (competitive swimmers and/or water polo players)	6 th -12 th	June 25-28	11pm-1pm	\$125
<input type="checkbox"/>	Aquatics Week 2- Guppy Cubs (swim lessons)	K-6 th	July 23-26	11am-12pm	\$75
<input type="checkbox"/>	Aquatics Week 2- Little Bruins (ability to swim 25 yards without assistance)	K-6 th	July 23-26	11am-12pm	\$100
<input type="checkbox"/>	Aquatics Camp Week 2 (competitive swimmers and/or water polo players)	6 th -12 th	July 23-26	11pm-1pm	\$125

- Refunds can only be issued upon request prior to camp, minus \$50.00 processing fee. No refunds will be issued after camp starts.
- Any camp with low enrollment may be canceled for a full refund.
- Extended Care is available from 7-8:30am and 12-6pm. Please contact Tricia Fey at summercamp@spsv.org for more details.
- Make Checks Payable to: SPSV at 1500 Benicia Rd, Vallejo, CA, 94591 or register online at spsv.org/student-life/summer-at-spsv/summer-sports.
- **Authorization for Medical Care**

In case of accident or emergency, I hereby authorize St. Patrick – St. Vincent, its faculty, staff and camp leaders to take whatever means necessary to medically treat the student whose name appears on this form. I authorize the school to admit the student to the nearest medical facility for any x-ray, anesthetics, medical treatment or hospital care deemed necessary. I acknowledge that I am financially liable for all costs incurred in this care and treatment.

Parent/Legal Guardian's Signature(s):	Date:
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