

Chaminade Sports Camp Application

fill out both sides of application

Camper Name: _____

Address: _____

City: _____ Zip Code: _____

Parent/Guardian Name: _____

Home Phone: _____ Work or Cell Phone: _____

Camper Age: _____ Grade Entering in Sept: _____

School Attending in the Fall: _____

Please complete this application and return it to **Chaminade Sports Camps, 7500 Chaminade Ave. West Hills, CA 91304** with your check made payable to **Chaminade College Preparatory**.

CIRCLE THE CAMP and SESSION TIME for each camp attending

SESSION TIME					WEEK 1 June 22 – June 26					SESSION TIME					WEEK 4 July 13 – July 17																													
AM	PM	FULL	HS Gym	Basketball	AM	PM	FULL	HS Gym	Basketball	AM	PM	FULL	HS Gym	Basketball	AM	PM	FULL	HS Gym	Basketball	AM	PM	FULL	HS Fields	Soccer	AM	PM	FULL	MS Gym	Volleyball	AM	PM	FULL	MS Gym	Fencing	AM	PM	FULL	MS Fields	Field Hockey	AM	PM	FULL	MS Fields	Soccer

SESSION TIME					WEEK 2 June 29 – July 3					SESSION TIME					WEEK 5 July 20 – July 24																																		
AM	PM	FULL	HS Gym	Girls Basketball	AM	PM	FULL	HS Gym	Volleyball	AM	PM	FULL	HS Gym	Volleyball	AM	PM	FULL	HS Gym	Volleyball	AM	PM	FULL	HS Fields	Soccer	AM	PM	FULL	HS Fields	Baseball	AM	PM	FULL	MS Gym	Speed/Agility 10-11 year olds	AM	PM	FULL	MS Gym	Speed/Agility 12-13 year olds	AM	PM	FULL	MS Gym	Dance	AM	PM	FULL	MS Fields	Softball

SESSION TIME					WEEK 3 July 6 – July 10					SESSION TIME					WEEK 6 July 27 – July 31																								
AM	PM	FULL	HS Gym	Cheer	AM	PM	FULL	HS Gym	Volleyball	AM	PM	FULL	HS Gym	Volleyball	AM	PM	FULL	HS Gym	Volleyball	AM	PM	FULL	HS Fields	Football	AM	PM	FULL	HS Fields	Baseball	AM	PM	FULL	MS Gym	Basketball	AM	PM	FULL	MS Gym	Basketball

CAMP PRICES

1 WEEK	AM Session only (8:00 – 11:00 , 1 week - \$150)	4 WEEKS	AM Session only (8:00 – 11:00 , 1 week - \$540)
	PM Session only (12:00 – 3:00, 1 week - \$150)		PM Session only (12:00 – 3:00, 1 week - \$540)
	Full Day Session (8:00 – 3:00, 1 week - \$280)		Full Day Session (8:00 – 3:00, 1 week - \$1000)
2 WEEKS	AM Session only (8:00 – 11:00 , 1 week - \$290)	5 WEEKS	AM Session only (8:00 – 11:00 , 1 week - \$650)
	PM Session only (12:00 – 3:00, 1 week - \$290)		PM Session only (12:00 – 3:00, 1 week - \$650)
	Full Day Session (8:00 – 3:00, 1 week - \$540)		Full Day Session (8:00 – 3:00, 1 week - \$1200)
3 WEEKS	AM Session only (8:00 – 11:00 , 1 week - \$420)	6 WEEKS	AM Session only (8:00 – 11:00 , 1 week - \$750)
	PM Session only (12:00 – 3:00, 1 week - \$420)		PM Session only (12:00 – 3:00, 1 week - \$750)
	Full Day Session (8:00 – 3:00, 1 week - \$780)		Full Day Session (8:00 – 3:00, 1 week - \$1380)

Price Breakdown - 1 week for ½ session = \$150. Any combination of more than 1 week for ½ session computes to \$5 off per ½ session. Full Day = \$280 per week and \$10 less per multiple week.

Chaminade College Preparatory Summer Program Authorization Consent to Treatment of a Minor

I/We, the undersigned, parent(s) of _____, a minor, do hereby authorize an administrator of Chaminade College Preparatory to act as our agent to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his judgment may deem advisable.

This authority is given pursuant to the provisions of section 25.8 of the Civil Code of California.

This authorization shall remain effective until August 1, 2009.

Signature _____
Date

Relationship

Signature _____
Date

Relationship

EMERGENCY/MEDICAL INFORMATION

Student's Name _____
Last First Middle Initial

In the event of an emergency during the school day, please provide your emergency contact information:

Parent/Guardian's Name _____
Last First

Relationship _____ Daytime/Emergency Phone Number _____

In the event that the above contact cannot be reached, whom should we contact?

Name _____
Last First

Relationship _____ Phone Number _____

Is there any pertinent medical information (conditions that may manifest themselves at school or camp, or may limit or hinder their participation), or any medications that are being administered that we should know about your child?

