

Summer Camps 2009 Registration Form

If you are registering for more than one child, please photocopy or download another form and send separate registrations and check(s) for each child. Use only one form per child.

CAMPER'S NAME _____

SCHOOL _____ GRADE (FALL 2009): 2 3 4 5 6 7 8 9 (Circle One)

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE NUMBER _____ E-MAIL _____

PARENT'S NAME _____ WORK PHONE _____

EMERGENCY CONTACT _____ EMERGENCY PHONE _____

SHIRT SIZE (ADULT): S M L XL (Circle One) HEIGHT: _____ WEIGHT: _____

YOUTH TEAM _____

I hereby authorize the staff of St. Rita Athletic Camps to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the camp from any and all liability for any injuries or illness incurred during the week.

PARENT SIGNATURE _____

Please check the camp(s) that your child will be attending. Check(s) should be made payable to **St. Rita High School**.

Recreation Camp (\$100 for 1, \$180 for 2, \$240 for 3)
Session 1 2 3 (Circle all that apply)

Lacrosse Camp (\$125)

Basketball Camp (\$90)
Session 1 2 3 4

Baseball Camp (\$90 per Session)
Session 1 2 3

Soccer Camp (\$50)

Band Camp (\$100)

Volleyball Camp (\$50 / \$65)
Session 1 2

Speed & Track & Field Camp (\$50)

Football Camp - Quarterback Camp (\$90)

Football Camp - Fundamentals Camp (\$90 each)
Session 1 2

TOTAL AMOUNT ENCLOSED \$ _____

MAIL THIS COMPLETED
REGISTRATION FORM AND CHECK(S) TO:

**ST. RITA OF CASCIA HIGH SCHOOL
SUMMER CAMPS
7740 S. WESTERN AVENUE
CHICAGO, IL 60620**