

2017 SPARTAN SPORT CAMP REGISTRATION FORM

Camper Name: _____
 Age at time of camp: ____ Grade for '17-'18: ____
 Years in Sport: _____ Experience: _____
 Parents Name: _____
 Address: _____
 City, State, and Zip: _____
 Home Phone: _____
 Mother's Work #: _____ Father's Work #: _____
 Emergency Contact name and Phone #: _____
 Email: _____

May we contact you about Spartan Day and Sport Camp via email? Yes No

We offer a Before and After Care Program for our day sports camps. Parents may choose to use either care program or both. Cost for before care (7:30-8:45) is \$40.00 and \$55.00 for after care (3:00-5:30).

MAKE ALL CHECKS PAYABLE TO SPARTAN SPORT CAMP

Mail application and nonrefundable **\$75.00** deposit per camp to:
 Tom DeMatteis, P.O. Box 15016, Newark, DE 19711

<u>CAMP</u>	<u>Before</u>	<u>After</u>	<u>CAMP</u>	<u>Before</u>
<input type="checkbox"/> Boys Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rookie Baseball	<input type="checkbox"/>
<input type="checkbox"/> Girls Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Beginner Football	<input type="checkbox"/>
<input type="checkbox"/> Baseball I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MiniKickers Soccer	<input type="checkbox"/>
<input type="checkbox"/> Baseball II	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Wrestling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Speed, Sprint & Cross Country	
<input type="checkbox"/> Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Volleyball	
<input type="checkbox"/> Lacrosse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Girls Basketball	
<input type="checkbox"/> Softball	<input type="checkbox"/>	<input type="checkbox"/>		

I HEREBY GIVE PERMISSION FOR MY SON/DAUGHTER TO PARTICIPATE IN THE SPARTAN SPORT CAMP. I CERTIFY THAT HE/SHE IS PHYSICALLY FIT AND I WILL NOT HOLD THE SPARTAN SPORT CAMP STAFF MEMBERS LIABLE FOR ANY ACCIDENT OR INJURY INCURRED DURING THE COURSE OF THE CAMP.

Also, the signature gives the camp permission to use any photo taken of your child while participating in camp activities in publications, on the camp website and other social media outlets.

Parent Signature: _____ Date: _____

_____ health insurance company covers my child.