CURLEY SUMMER CAMPS 2019 ENROLLMENT

ARCHBISHOP CURLEY HIGH SCHOOL
3701 SINCLAIR LANE
BALTIMORE, MD 21213
PHONE: 410-485-5000 EXT. 281

CAREFULLY READ THE INFORMATION IN THIS BROCHURE BEFORE COMPLETING AN APPLICATION.
TO ENROLL MULTIPLE CHILDREN, PLEASE PHOTOCOPY THIS FORM.

NAME OF CAMPER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

AGE: _____ DATE OF BIRTH: _____ GENDER: _____ GRADE ON 9/4/19: _____

CURRENT SCHOOL: _____

ALLERGIES & OTHER HEALTH CONCERNS: _____

_____

MEDICATION TAKEN REGULARLY: _____

INSURANCE WAIVER PERMISSION: The undesigned parent/guardian, individually and collectively, authorizes the Director of each camp or his/her designee, in his/her discretion, to obtain and consent to medical treatment for the camper named above. In consideration for the opportunity for the camper to participate in the Archbishop Curley Summer Camps Program, the undersigned parent agrees to waive and release Archbishop Curley High School and the Roman Catholic Archdiocese of Baltimore from any and all claims, liability and rights to damages for injuries and losses suffered by the camper, or the undersigned, arising out of the camper's participation in the Archbishop Curley Summer Camp Program. I/We acknowledge that the camper is required to comply with all rules, regulations and instructions of the Archbishop Curley Summer Camp Program and its staff.

PARENT/GUARDIAN NAME (PLEASE PRINT):

_____ DATE: _____

PARENT/GUARDIAN SIGNATURE (REQUIRED):

_____ DATE: _____

WORK PHONE: _____ HOME: _____ CELL: _____

EMERGENCY CONTACT: _____ PHONE: _____

PROGRAM REGISTRATION

NAME OF CAMPER: _____

SOCCER BALL SIZE IF REGISTERING FOR SOCCER CAMP (PLEASE CIRCLE): 4 OR 5

T-SHIRT SIZE: (IF APPLICABLE) (PLEASE CIRCLE): YOUTH M YOUTH L S M L XL 2XL

SPORTS CAMPS

BASEBALL CAMP	☐ SESSION 1	☐ SESSION 2	X $200 (1 CAMP) =	$_____
	☐ SESSION 3A	☐ SESSION 3B	X $125 (1 CAMP) =	$_____
			X $200 (FOR BOTH SESSIONS) =	$_____
	☐ SESSION 4A	☐ SESSION 4B	X $125 (1 CAMP) =	$_____
			X $200 (FOR BOTH SESSIONS) =	$_____
	☐ SESSION 5		X $150 (1 CAMP) =	$_____
BASKETBALL CAMP	☐ SESSION 1	☐ SESSION 2 ☐ SESSION 3	X $150 =	$_____
FITNESS CAMP	☐ SESSION 1	☐ SESSION 2	X $100 =	$_____
FOOTBALL CAMP	☐ SESSION 1		X $35 =	$_____
	☐ SESSION 2		X $100 =	$_____
	☐ SESSION 2 (GROUP)		X $200 =	$_____
LACROSSE CAMP	☐ SESSION 1		X $100 =	$_____
SOCCER CAMP	☐ SESSION 1	☐ SESSION 2	X $140 =	$_____
SOCCER GOALKEEPERS CAMP	☐ SESSION 1		X $100 =	$_____

SPECIALTY CAMPS

FRANCISCAN TEEN CAMP	☐ SESSION 1		X $70 =	$_____
FRANCISCAN YOUTH CAMP	☐ SESSION 1		X $60 =	$_____
STUDY SKILLS CAMP	☐ SESSION 1	☐ SESSION 2	X $100 =	$_____
WRITING CAMP	☐ SESSION 1	☐ SESSION 2	X $125 =	$_____

TOTAL = $_____

TO PAY ONLINE: WWW.ARCHBISHOPCURLEY.ORG/ABOUT/SUMMER-CAMPS

AMOUNT ENCLOSED: $_____ PAYABLE TO ARCHBISHOP CURLEY HIGH SCHOOL

AMOUNT TO BE CHARGED: $_____

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

ACCOUNT NUMBER: _____-_____-_____-_____ EXPIRATION: _____/_____

NAME ON CARD: _____

SIGNATURE: _____