



## SUMMER SPORTS CAMP 2017 REGISTRATION

**Athlete's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone/Email:** \_\_\_\_\_

**Grade (Fall):** \_\_\_\_\_

Attend the camp according to your grade for the 2017-2018 school year.

**Participating Sport:**

___	Boys Basketball (July 10-13: 5&6th 5:30-7PM, 7&8th 7-8:30PM)	\$25
___	Co-Ed Volleyball (July 17-20: 5&6th 5:30-7PM, 7&8th 7-8:30PM)	\$25
___	Girls Basketball (July 24-27: 5&6th 5:30-7PM, 7&8th 7-8:30PM)	\$25

**Total: \$** \_\_\_\_\_

*Please make checks payable to **St. Thomas Athletic Association**.*

All participants receive a camp t-shirt.

**Emergency Contact/Cell-Phone:** \_\_\_\_\_

*Please bring a copy of the completed **Power of Attorney** form (download from school's website).*

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Please bring your check and forms the **FIRST** day of camp.