

Camp Registration Form

Due by May 21, 2010

Please include \$90 fee (per camp)

Name: _____

Age: _____ Entering Grade: _____

Address: _____

City _____ State _____ Zip Code _____

Home phone: _____

Parent's work phone: _____

Present School: _____

Coach's Name: _____

Please check the camp(s) you wish to attend:

- Badminton - 7th, 8th & 9th graders
- Basketball - 5th, 6th & 7th graders
- Basketball - 8th & 9th graders
- Softball - 5th, 6th, 7th, 8th & 9th graders
- Tennis - All levels
- Volleyball - 5th & 6th graders
- Volleyball - 7th & 8th graders
- Volleyball - 9th graders

Tee-shirt size: YOUTH: M L XL
(Circle one) ADULT: S M L XL
(T-shirts not available if registration is after May 14th.)

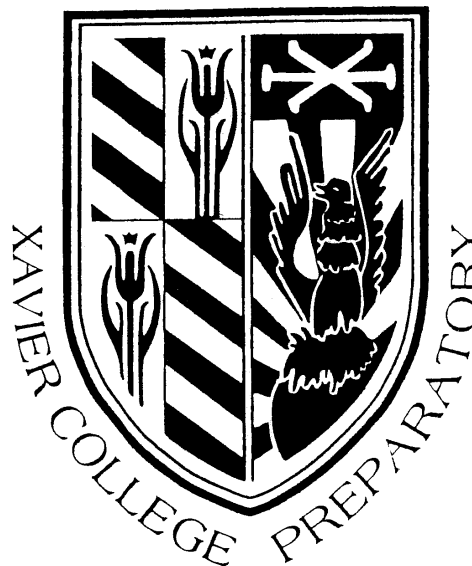
Please return this registration form, the completed Medical Release Form (on back) and the \$90 **non-refundable** fee per camp to:

*Ms. Susan Contreras
Xavier Sports Camps 2010
4710 North Fifth Street
Phoenix, Arizona 85012-1738*

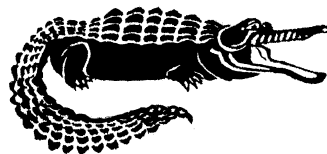
Please make checks payable to "XCP Sports Camps".
Registration deadline is May 21, 2010,
however, sessions may fill up before this
date.

Enrollment is on a "first come first served" basis. E-mail scontreras@xcp.org with questions or fax questions to 602/230-2621.

Xavier College Preparatory
4710 North Fifth Street
Phoenix, Arizona 85012-1738
Fax: 602/230-2621
E-mail: scontreras@xcp.org



Home of the gators!



XAVIER 2010 SUMMER SPORTS CAMPS

JUNE 7 - 25, 2010



Badminton

Basketball



Softball

Tennis



Volleyball

Summer Sports Camps

Spring is here and before you realize it, summer will be upon us! The coaches of Xavier College Preparatory will again be offering summer sports camps in badminton, basketball, softball, tennis, and volleyball.

Our camps are designed for girls entering 5th through 9th grades who are currently involved in these sports and for those who anticipate high school competition. This year we are offering **three levels of Volleyball; two levels of Basketball and one level of Badminton, Softball, and Tennis.**

Xavier sports camps are an excellent place to learn fundamentals, improve your skills, and meet current Xavier students, incoming students and coaches.

Camp Features

- One on one instruction with coaches.
- New students, current and past player participation.
- Emphasis on fundamentals taught and reviewed.
- Skills put into action in team competition.
- Emphasis on learning and understanding offensive and defensive team strategy.

Most Sports Camps are held in Xavier's two gyms on Xavier's campus. Softball is held at Xavier. Tennis is held on Xavier's tennis court.

Camp Dates

Badminton

June 14th – 18th

1:30pm – 3:30pm for 7th, 8th & 9th graders

Basketball

June 21st – 25th

10:00am – 12:00pm for 5th, 6th & 7th graders
12:00pm – 2:00pm for 8th & 9th graders

Softball

June 14th – 17th

8:00am – 11:00am for 5th through 9th graders

Tennis

June 7th – 11th

7:00am – 9:00am for All levels

(The number of registrants will determine if the camp will be held.)

Volleyball

June 7th – 11th

1:30pm – 3:30pm for 5th & 6th graders
4:00pm – 6:00pm for 7th & 8th graders
June 21st – 25th
4:00pm – 6:00pm for 9th graders

Camp Fees

The Fee for EACH camp session is \$90.

Fees are non-refundable.

MEDICAL RELEASE FORM

Please **PRINT** clearly.

Name: _____

Past injuries: _____

Present Health (Medications): _____

Drug Sensitivities: _____

Other Allergies: _____

Insurance Co.: _____

Insurance Co. Address: _____

Policy Holder: _____

Policy #: _____

Other Health & Accident Coverage: _____

I verify that my child has been checked by a licensed physician and is physically able to participate in the Xavier College Preparatory Summer Sports Camp. I hereby agree and promise that I will not hold Xavier College Preparatory responsible for any loss, damages or personal injuries while at camp. I hereby authorize the Directors of the Camp to act for my child according to their best judgment in any emergency requiring medical attention. I agree to allow my child to be treated by a Certified Athletic Trainer or a licensed physician, if necessary, and to assume all costs related to such treatment. I authorize my insurance company to pay benefits. Also, I authorize the disclosure of medical information to my insurance company for the purpose of any claim.

(Signature of Parent/Guardian)

Contact in case of emergency: _____

Phone: _____