

Registration **Misericordia University • Sports Camps • Summer 2017**

Expect to be there! Confirmation will not be sent. If there is a problem with your registration, we will contact you.

PLEASE PRINT CLEARLY. ONE REGISTRATION FORM REQUIRED FOR EACH CAMP PARTICIPANT.

Participant *First* _____ *Last* _____ Sex _____

Address _____ Age _____

City _____ State _____ Zip _____

Parent or Guardian *First* _____ *Last* _____

E-mail address _____

Home Phone _____ Cell Phone _____

Volleyball Clinics Only: Position Played _____ High School Graduation Year _____

Program Name Payment must accompany registration	Full Cost	Discount Reason	Final Cost	Office Use Payment By		
				Cc see below	Cash	Check #
Field Hockey June 26-30, 2017	\$		\$	<input type="checkbox"/>		
Soccer Success July 3-7, 2017	\$		\$	<input type="checkbox"/>		
Boys' Baseball July 10-14, 2017	\$		\$	<input type="checkbox"/>		
Boys' Basketball July 10-14, 2017	\$		\$	<input type="checkbox"/>		
Men's Volleyball July 17, 2017	\$		\$	<input type="checkbox"/>		
Women's Volleyball July 18, 2017	\$		\$	<input type="checkbox"/>		
Girls' Basketball July 31-Aug.4, 2017	\$		\$	<input type="checkbox"/>		

Credit Card: Visa MC Discover Acct # _____

Exp. Date _____ Signature _____

Applicable Sport Camps T-Shirt Size *If size is not indicated, large will be ordered.*

Adult S M L XL **Youth** S M L XL

Person authorized to pick up child participant or provide temporary care if you are not available:

Release & Medical Consent: I agree to the above named person's participation in Misericordia University's non-credit programs, and waive, discharge and forever hold harmless Misericordia University, its officers, directors, employees and all other liabilities, claims, cause, damages or demands resulting from participation in usage of equipment. In event of an emergency, I authorize that medical attention be administered to the participant named above.

Signature of Participant/Parent or Legal Guardian of Minor

Phone

Additional emergency contact person and phone

Sport Camps Registration

Fill out and return by mail or in person to:

Misericordia University
Anderson Sports Center
301 Lake Street
Dallas, PA 18612-1090

Please note the camp you are registering for on the mailing envelope.

Questions and general inquiries see information listed for each camp for phone and e-mail addresses.

Make checks payable to Misericordia University