



# 2010 Camp Registration Form

Camper's Name: \_\_\_\_\_

Email address: (To which the following information will be confirmed) \_\_\_\_\_

Please check the camp(s) you will be attending

### Team Camps (\$275 Resident Campers, \$175 Commuter Campers)

- Resident Camper       Commuter Camper
- July 14-17      West Chester Team Camp       July 30 –Aug 2      West Chester Team Camp
- July 19-22      West Chester Team Camp       July 31 – Aug 3      Millersville Team Camp
- July 25-28      West Chester Team Camp

### Elite Quarterback and Wide Receiver Leadership and Skills Academy (\$435 Resident Campers, \$375 Commuter Campers)

- Resident Camper       Commuter camper
- May 29-30      Wyomissing, PA
- June 19-20      Fredericksburg, VA
- June 26-27      Lancaster, PA

Attend one Elite Quarterback and Wide Receiver Camp and receive a \$75.00 discount on each additional Elite Quarterback and Wide Receiver Camp attended.

### QB Winter Technique School (\$375)

- January 30-31       February 27-28       March 27-28

### QB Small Group Instruction (\$150)

- January 20 - February 10       February 24 - March 17       March 31 - April 21

### Quarterback and Wide Receiver Mini-Camps (advance registration \$100, walk up registration \$110)

- May 22 Winchester, VA       May 24 Albright College

### Pennsylvania College Showcase Camp (advance registration \$65, walk up registration \$75)

- June 13

- Position: Offense**     Quarterback     Wide Receiver     Tight End     Running Back     Offensive Line
- Defense**     Defensive Back     Defensive Line     Linebackers     Kickers/punter

### Chris Bahr Kicking Camp (\$300 for resident campers, \$270 for commuter campers)

- June 12-13       Resident Camper       Commuter Camper



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Email address to which the following information will be confirmed

Last name                      First Name                      Middle Initial

Home Address

City                      State      Zip                      Home Phone

Emergency contact name                      Emergency contact phone

Height                      Weight                      Age                      Grade:(next fall)                      Position

School name                      Location: (city, state)

Mother's name                      Mother's phone

Father's name                      Father's Phone

SVS T-Shirt size: (not applicable for all camps)     S             M             L             XL             XXL             XXXL

**Winter Technique School and Elite QB/WR Camp Only:**

I've included an additional \$25.00 for an extra Under Armour™ T-shirt.

**SECURITY DEPOSIT: Team Camps and Kicking Camp Only:**

Each player attending Team Camp or Kicking Camp will be required to make a \$50.00 deposit, refundable upon checkout. Please do not mail security deposit. It will be collected at camp check-in. I understand that I will lose my \$50.00 security deposit if any of the following would happen: damage to my room, damage to my hallway, damage to the bathroom facility on my floor, pulling or tampering with the fire alarm on my floor, I am dismissed from camp, I lose my room key or combination card. I also understand that if the damages exceed the \$50.00 security deposit that my parent and I will be billed. Note. If a fire alarm is pulled, everyone on the floor will lose their deposit. I will take full responsibility for any of the above problems and fully understand that I could lose my security deposit.

Sign: \_\_\_\_\_ Date \_\_\_\_\_

**Refund Policy:**

**No cash refunds for underclassmen. All underclassmen will receive a credit to attend future SVS camps. If you do not notify SVS Sports, Inc. in writing at least one week before the start of the camp, there will be no credit given. There will be no exceptions. Cash refunds will only be given to seniors and a \$100.00 service charge will be applied. All refund checks will be mailed at the end of August.**

Total Amount Enclosed: \_\_\_\_\_

**Make all checks payable and mail to: SVS Sports Inc.**

13 Carmina Dr. Sinking Spring, PA 19608

Have Questions? Call Jim Cantafio (717) 468-7185



# Credit Card Payment

Please fill out the following information if you would like to pay with a credit card.

Amount to charge\_\_\_\_\_

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Last name

First Name

Middle Initial

---

Home Address

---

City

State

Zip

---

Email Address

---

Credit Card Number

Expiration Month

Expiration Year

Card Type (Visa, MasterCard or Discover)

**Important:** To pay by Credit Card you must fill out the Credit Card payment form and mail it in with your camp application. We will confirm your payment by email after your credit card clears.

**Important:** Credit Card payment is not accepted for Team Camps scheduled in **July**.



# 2010 Medical Release Form

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Initial  
\_\_\_\_\_  
School                                      Mother's Daytime Phone                                      Father's Daytime Phone

In the event that I am unavailable for the purpose of providing parental consent, I hereby authorize the physician(s) and staff at the local hospital to provide such care that routine diagnostic procedures and medical treatment as necessary to my minor son/daughter. I understand the consent and authorization herein granted do not include major surgical procedures and are only valid during camp.

This camp does not provide medical insurance for campers. In the event of illness or injury requiring treatment or hospitalization, family medical insurance must be used. Parents will be billed directly for any medical care given at the College Health Center or local hospital.

Physical conditions that the physician should be aware of: allergies, recurring illness, disabilities, chronic illness, etc.

\_\_\_\_\_  
Date of most recent tetanus immunization: \_\_\_\_\_ (if more than 10 years ago, a booster is recommended)  
I understand that I will be contacted during the child's examination in the emergency department.

If I am not available, contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

My family physician is: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Father or Mother's name that the insurance is under: \_\_\_\_\_

Insured Birthdate: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Name (Please Print)                                      Signature                                      Date