



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:

- Season Pass (\$999) (Season pass does not include Showcase, Kicking or Team Camps)**
Season Pass – Please mark all camps that you plan on attending below! Season pass does not include overnight stay.

Team Camps (Resident Camper \$280 or \$265, \$180 Commuter Campers)

- Resident Camper - 3 Days and 2 night stay \$265.00 Resident Camper 4 Days and 3 night stay \$280.00
- Commuter Camper \$180.00
 - July 14-16 West Chester Team Camp July 30 –Aug 1 West Chester Team Camp
 - July 19-21 West Chester Team Camp July 31 – Aug 2 Millersville Team Camp
 - July 24-26 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)

NOTE: Special discounts for athletes participating in more than one session. Attend two sessions for \$275.00 or attend three sessions for \$400.00.

Lanco Field House, East Petersburg, PA

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

Grand Slam Sports Complex, Reading, PA

- January 24 - February 21 March 7 – April 4

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

- May 22 - Haverford School June 5 - Albright College

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: Jim Cantafio
13 Carmina Dr. Sinking Spring, PA 19608
Have Questions? Call Jim Cantafio (717) 468-7185



Credit Card Payment

\$10.00 convenience and administration fee

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

Amount to charge _____

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
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