



2011 Camp Registration Form

Camper's Name: _____

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

Coach's Name: _____ Coach's Email _____

Please check the camp(s) you will be attending:

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

Team Camps (Resident Camper \$285 or \$270, \$185 Commuter Campers)

- Resident Camper - 3 Days and 2 night stay \$270.00 Resident Camper 4 Days and 3 night stay \$285.00
- Commuter Camper \$185.00
- July 18-20 West Chester Team Camp
 - July 22-24 West Chester Team Camp
 - July 29-31 West Chester Team Camp
 - July 23 –July 25 Millersville Team Camp
 - July 30 – Aug 1 Millersville Team Camp

Elite Quarterback and Wide Receiver Leadership and Skills Academy (\$440 Resident Campers, \$380 Commuter Campers)

- Resident Camper Commuter camper
- June 4 and June 5 Lancaster, PA June 18 and June 19 Hatfield, PA
- June 11 and June 12 Fredericksburg, VA June 25 and June 26 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 (\$380)

- January 29-30 February 26-27 March 26-27 April 30-May 1

QB Small Group Instruction (\$160)

NOTE: Special discounts for athletes participating in more than one session. Attend two sessions for \$290.00 or attend three sessions for \$420.00.

Lanco Field House, East Petersburg, PA

- January 9, 16, 23, 30 February 20 and 27
March 13 and 20 April 3, 10 and 17
May 1

Gameface Sports Complex, Reading, PA (formally Grand Slam Sports Complex)

- January 23 and 30 February 27
February 6 and 13 March 6, 13, 20

Quarterback and Wide Receiver Mini-Camps (advance registration \$100, walk up registration \$125)

- May 22 - Bucksmount Indoor Sports Center, Hatfield, PA May 29 - Lanco Field House, Lancaster, PA



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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 will be required to make a \$50.00 deposit, refundable upon checkout. Please do not mail security deposit. It will be collected by your coach prior to 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
SVS Sports, Inc 133 Bank Barn Lane Lancaster, PA 17602
Have Questions? Call Jim Cantafio (717) 468-7185



2011 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