



CAMP OF CHAMPIONS

POWERS CATHOLIC SUMMER CAMPS REGISTRATION FORM



FUN & EXCITING!

Registration & check-in will take place an hour before on the first day of camp at the side gym entrance

"Little Chargers" Basketball Camp June 15-18 Cost: \$35 Grades: Boys & Girls K-3 rd Time: 9:00am – 10:30am	Boys Lacrosse Camp June 15-18 Cost: \$45 Grades: 4 th – 8 th Time: 11:00am – 1:00pm	Baseball Camp June 22-25 Cost: \$45 Grades: 6 th – 8 th Time: 11:30am – 1:30pm
Girls Basketball Camp June 15-18 Cost: \$45 Session I – (4 th – 6 th) 9:00am – 11:00am Session II – (7 th – 8 th) 11:00am – 1:00pm	Track and Field (Fundamentals – All Events) June 15-18 Cost: \$45 Grades: Boys & Girls 4 th – 8 th Time: 5:00pm – 7:00pm	Softball Camp June 22-25 Cost: \$45 Grades: 4 th – 8 th Time: 1:00pm – 3:00pm
Boys Basketball Camp June 15-18 Cost: \$45 Grades: 4 th – 8 th Time: 1:00pm – 3:00pm	Football Camp (All Positions) June 22-25 Cost: \$45 Grades: 4 th – 8 th Time: 9:00am – 11:00am	Girls Lacrosse Camp June 22-25 Cost: \$45 Grades: 4 th – 8 th Time: 4:00pm – 6:00pm
Soccer Camp June 15-18 Cost: \$45 Grades: Boys & Girls 4 th – 8 th Time: 3:00pm – 5:00pm	Volleyball Camp June 22-25 Cost: \$45 Session I – (4 th – 6 th) 9:00am – 10:30am Session II – (7 th – 8 th) 10:30am – 12:30pm	Tennis Camp June 22-25 Cost: \$45 Grades: 3 rd – 8 th Time: 3:30pm – 5:30pm Location: Flint Tennis Club
Please complete both sections of this application and return it with a full payment for each camper, for each camp selected.		Hockey Camp July 20-22 Cost: \$55 Grades: 3 rd – 8 th Time: 2:00pm – 3:30pm Location: Crystal Fieldhouse

Mail registration forms to:
Powers Catholic Summer Camp
1505 W. Court Street
Flint, MI 48503

FUNDAMENTALS & SKILLS!

PLEASE PRINT CLEARLY!

“Camp” Attending: _____ Camper’s DOB _____

Camper’s Last Name _____ First _____ Male _____ Female _____ Going into the _____ Grade

Address _____ City _____ State _____ Zip _____

Full Name of Parent Signing Form _____ Home Phone: _____

Email: _____ Emergency Contact Phone: _____

Emergency Contact If Parent Cannot Be Reached: Name _____ Phone: _____

T-Shirt Size (Please Circle): YS YM YL S M L XL

Powers Catholic Summer Camp Release and Permission Agreement

- The undersigned is the parent or legal guardian authorized to enter into agreement for the minor child named on the camp application.
- I am aware of the risks inherent in the various camp and related activities and agree to hold harmless the Powers Catholic for any injury or loss from any and all damages, liabilities, expenses, costs (including attorney fees), claims, actions or suits of whatever kind or nature, for the minor child for which the undersigned is legal guardian, now or at any time in the future that may occur related to the camps.
- The Powers Catholic High School, its instructors, employees, affiliates or any other entity or person associated with Powers Catholic is permitted to secure emergency medical/surgical treatment for the minor child named above that may be deemed necessary.
- Powers Catholic is not responsible for any personal belongings or items which may be lost, stolen, or broken.
- I give permission to Powers Catholic to use a photo or likeness of the child named above in any promotional materials or advertising.
- I understand that if for the camp I have registered for is cancelled for any reason, I am entitled to a full refund. Powers Catholic reserves the right to cancel any camp at any time for any reason. In this event a full 100% refund will be paid as of the cancellation date.
- Powers Catholic reserves the right to ask any child not to return to camp if they behave in a manner that is emotionally, physically, or verbally abusive to another camper or any member of the staff. The parent or guardian will be notified of the first offense, which will be documented. After a second offense, the parent will be called to pick up the child, who will not be allowed to return to camp. No refund.
- No person shall be denied admission to the camps because of race, religion, color, nation of origin, sex or disability. Although we will try to serve every child to the best of our ability, due to the nature of the activities or the site where the activities take place, there may be some camps that cannot accommodate children with certain disabilities.

I have read and agree to the above stated terms and conditions. MUST BE SIGNED BY PARENT OR GAURDIAN

X Signature _____ Date _____

Please make checks payable to Powers Catholic Summer Camps:
 Full Payment for Summer Camp Due with completed Registration Forms in person or by mail.