

Valiant Athletics

Summer Camp Student Information

Student Name _____ Grade Level (2019-2020) _____

Emergency Contact Name/Relationship _____

Emergency Contact Number _____

Allergies or any Medical Issues we need to be aware of: _____

Athletic Camp(s) Student will be attending: (Please put a check by the desired camp)

BASKETBALL:

Early
Registration by
June 3

- | | | |
|---|------|------|
| <input type="radio"/> June 17 th -20 th 6:00pm-8:30pm | \$80 | \$75 |
| <input type="radio"/> July 22 nd -25 th 6:00pm-8:30pm (July 25 th 5:00pm-7:00pm) | \$80 | \$75 |

VOLLEYBALL:

- | | | |
|---|-------|-------|
| <input type="radio"/> July 29 th -August 1 st MORNING SESSION: 9:00am-11:30am | \$80 | \$75 |
| <input type="radio"/> July 29 th -August 1 st EVENING SESSION: 5:30pm-8:00pm | \$80 | \$75 |
| <input type="radio"/> July 29 th -August 1 st BOTH SESSIONS | \$120 | \$115 |

Total Amount Paid: _____

**Please pay by cash or check. Please make checks payable to St. Francis de Sales School

Parent/Guardian Signature _____