

2009 DEFENDER SPORTS CAMPS REGISTRATION

Camper

Coach

PLEASE PRINT

Name _____

Email _____

Grade (fall 09) _____ Grad year _____ M/F _____ Phone _____

Address _____

City _____ State _____ Zip _____

School _____

School City/State _____

Attending with a different school? yes no

If yes, School name _____

School City/State _____

Roommate preference _____

Total cost per camp per camper is \$275. A \$75 non-refundable deposit per person, per camp must accompany this form. There is a \$50 late fee if postmarked after the late registration date. The balance is due upon arrival. You may include full payment. **Coaches need to register**, but do not need to send a deposit. Please make checks payable to BBC. Your registration authorizes BBC to use photos/videos of you for promotional purposes.

Have you attended a Defender camp in the past? yes no

Soccer position: field keeper

I am registering
for the following:

<i>Camp</i>	<i>Dates</i>	<i>Late Reg After:</i>
<input type="checkbox"/> Defender Basketball	June 21–26	June 6
<input type="checkbox"/> Lady Defender Basketball	June 28–July 3	June 13
<input type="checkbox"/> Lady Defender Volleyball	July 5–10	June 20
<input type="checkbox"/> Defender Soccer	August 2–7	July 18

Amt. enclosed
\$ _____

I/We the parent/guardian of _____ hereby authorize the certified trainer of Defender Sports Camps to act for me/us according to his/her best judgment in any medical emergency. I/We understand that any insurance claims will be filed with my/our personal insurance.

Parent/Guardian (PRINT) _____

Signature _____ Date _____

Emergency phones: Dad work/cell (_____) _____ Mom work/cell (_____) _____

Insurance Company _____

Policy No. _____

MAIL: DEFENDER SPORTS CAMPS • 538 VENARD ROAD • CLARKS SUMMIT, PA 18411