

CAMP APPLICATION

Camper's Name: _____

Parents'/Guardians'

Names: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

School: _____

Grade (2021-22): _____

Shirt Size (circle one):

YS YM YL
AS AM AL AXL

_____ First camper at \$75.

_____ Additional family campers at
\$40 each.

_____ Total Payment

Pre-registration with payment is due by:
May 21, 2021

Please make checks payable to:
Delone Catholic High School Athletic Association

All proceeds will benefit
Delone Catholic High School Athletic Programs.

Please mail completed application and payment to:
Delone Catholic High School
ATTN: Boys' Basketball Camp
140 South Oxford Avenue
McSherrystown, Pa. 17344

For more information, please call:
Athletic Department
717-637-5969

SQUIRE



STRONG

DELONE CATHOLIC HIGH SCHOOL
ATTN: Boys' Basketball Camp
140 South Oxford Avenue
McSherrystown, Pa. 17344

For more information, please call:
Athletic Department
717-637-5969



2021 SQUIRE SPORTS CAMPS

For Students
Entering
Grades 4-9

June 7-10, 2021
1 to 4 p.m.

in the
Lawrence B. (Sonny)
Sheppard, Jr. Memorial
Gymnasium
at
Delone Catholic
High School

BOYS' BASKETBALL

SKILLS CAMP

- Instruction in fundamental skills!
- Drills to improve passing, dribbling and rebounding!
- Tips to improve offense and defense!
- Free T-shirt!

COACHING STAFF

Head Coach
Brandon Staub

Assistant Coach
John Rudolph

Additional staffing provided by the Delone Catholic players.

COST

(includes camp t-shirt and awards)

First camper: \$75 per camper
Additional family campers: \$40 per camper

A \$10 fee will be charged to campers that withdraw.

EQUIPMENT

Shirts, shorts and sneakers should be worn each day. Campers should bring a water bottle.



MEDICAL WAIVER

I, the undersigned, hereby expressly and affirmatively state that I wish for my child,

_____ to participate in the Squire Sports Camp. I realize that my child's participation in this activity or the use of equipment involves various risks of injury. In consideration of being allowed to participate in the activities and programs provided through Delone Catholic High School, I do hereby waive, release and forever discharge Delone Catholic High School, and all of its directors, officials, agents, employees, representatives, event staff and all other affiliates from any and all responsibility or liability for injuries or damages resulting from this activity. I do also hereby release all of those mentioned, and any others acting upon their behalf, from any responsibility or liability for any injury or damage to my child, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my child's participation in any of the contemplated activities or in the use of equipment through Delone Catholic High School, or otherwise.

My child is in good health and is able to participate in camp activities without restrictions. I certify that I have health insurance coverage which will be applied in the event of an injury. I will be responsible for any expenses incurred due to injuries and medical treatment.

Parent/Guardian Signature: _____

Date: _____

Insurance Company Name: _____

Policy #: _____

*** A signed COVID-19 Acknowledge Form is required for participation.