

# Registration Form: Skidmore Summer Sports Program 2009

Complete form - one per participant.

## Part 1 Application

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (518) \_\_\_\_\_ Cell # \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Day # \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Day # \_\_\_\_\_

Parent/Adult Email (required for confirmation) \_\_\_\_\_

School attending as of 9/09 \_\_\_\_\_ Grade as of 9/09 \_\_\_\_\_

Years Experience: Varsity \_\_\_\_\_; Jr. Varsity \_\_\_\_\_; Jr. High \_\_\_\_\_; Youth \_\_\_\_\_; Beginner \_\_\_\_\_

Position \_\_\_\_\_

T-Shirt (please circle one) **ADULT** S M L XL **YOUTH** S M L

Selection Dates	Program	Cost
_____ June 29-July 2	Boys' Basketball	\$200
_____ July 6-10	Boys' Baseball	\$160
_____ July 13-17	Girls Volleyball	\$160
_____ July 20-23	Boys' Lacrosse	\$190
_____ July 20-24	Girls' Basketball	\$215
_____ July 27-30	Girls' Basketball – Elite Guard	\$160
_____ July 27-31	Girls' & Boys' Soccer	\$215
_____ August 3-6	Field Hockey – Varsity Team	\$140
_____ August 3-7	Field Hockey	\$215

### Session 1 July 6-24 Group Tennis Lessons (T-shirts not included)

_____ A1 (MW)	_____ A2 (TTh) Pee Wee 9-9:30am (Ages 3-4)	\$60
_____ A3 (MW)	_____ A4 (TTh) Tots 9:45-10:30am (Ages 5-8)	\$65
_____ A5 (MW)	_____ A6 (TTh) Future Stars 10:45-11:45am (Ages 9-12)	\$70
_____ A7 (MW)	_____ A8 (TTh) Junior Excellence 4-6pm (Ages 13-16)	\$100
_____ A9 (MW)	Adult Beginner 6-7pm	\$70
_____ A10 (TTh)	Adult Intermediate 6-7pm	\$70

### Session 2 July 27-August 14 Group Tennis Lessons (T-shirts not included)

_____ B1 (MW)	_____ B2 (TTh) Pee Wee 9-9:30am (Ages 3-4)	\$60
_____ B3 (MW)	_____ B4 (TTh) Tots 9:45-10:30am (Ages 5-8)	\$65
_____ B5 (MW)	_____ B6 (TTh) Future Stars 10:45-11:45am (Ages 9-12)	\$70
_____ B7 (MW)	_____ B8 (TTh) Junior Excellence 4-6pm (Ages 13-16)	\$100
_____ B9 (MW)	Adult Beginner 6-7pm	\$70
_____ B10 (TTh)	Adult Intermediate 6-7pm	\$70

### Beginning Swimming Lessons (PLEASE CIRCLE LEVEL) (T-shirts not included) \$75/session

	Ses 1 June 29-July 10	Ses 2 July 13-24	Ses 3 July 27-Aug 7
<b>1:30-2pm</b>	Level 1 2	Level 1 2	Level 1 2
<b>2-2:30pm</b>	Level 2 3	Level 2 3	Level 2 3
<b>2:30-3pm</b>	Level 1 3	Level 1 3	Level 1 3

## Part 2 Release for Minors

I, the undersigned, individually as parent(s) or guardian(s) of \_\_\_\_\_, a minor, request that the child be allowed to participate in the sport camp(s) sponsored by Skidmore College. I do hereby agree to waive and release, and hold harmless Skidmore College, its officers, agents and employees from and against all claims or causes of action or demands, liabilities, damages on account of any injury or accident involving the child's participation in the sport camp(s) or in the course of competition and/or activities held in connection with the sport camp(s). I understand that the child participates in this activity at her/his own risk and that any medical expenses associated with this program are my responsibility.

\_\_\_\_\_  
Mother/Guardian Signature (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Father/Guardian Signature (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_

## Part 3 Authorization for Medical Treatment of Minors

Parents/Guardians of participants 18 years and younger must complete this part. I (we), being the parent(s) of custody or legal guardian(s) of (name of minor) \_\_\_\_\_ do hereby appoint the supervising Skidmore College coach to act on my behalf in authorizing unexpected medical, dental or surgical care, or hospitalization for said minor, in my absence and I authorize the Skidmore College coach or trainer to grant consent to medical doctors and emergency staff at a hospital/emergency facility to conduct the required tests and provide the necessary medical treatment/care to the above named child IF I OR MY SPOUSE CANNOT BE REACHED. I understand that every reasonable effort will be made to contact me. I understand that the consent and authorization herein granted are valid only during the length of the sport camp.

Child's birth date (required) \_\_\_\_\_ Date of last Tetanus immunization \_\_\_\_\_

Pertinent medical data (Allergies, asthma, seizures, etc. Include any medication the child is on, relative to this condition.) \_\_\_\_\_

\_\_\_\_\_  
Medical restrictions \_\_\_\_\_

Pediatrician/Family Physician \_\_\_\_\_ Phone# \_\_\_\_\_

Orthopedist \_\_\_\_\_ Phone# \_\_\_\_\_

Dentist \_\_\_\_\_ Phone# \_\_\_\_\_

Surgeon \_\_\_\_\_ Phone# \_\_\_\_\_

Guarantor (person responsible for payment of bill) \_\_\_\_\_

Name of Insurance \_\_\_\_\_ Policy# \_\_\_\_\_

\_\_\_\_\_  
Mother/Guardian Signature (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Father/Guardian Signature (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_

**Refund Policy:** A full refund will be issued only if notice of cancellation is given by phone (580-8061) SEVEN days prior to the start of camp. After this deadline, a \$25 processing fee will be deducted from the refund. No refund after the program begins. Refunds based on medical conditions will be made only when accompanied by a letter from a physician.

Registration is first-come, first-served until the camps are full. Incomplete registrations will be returned. Space is limited so register early. Programs are subject to change/cancellation at the College's discretion. For questions, 518-580-8061 or [sportsprograms@skidmore.edu](mailto:sportsprograms@skidmore.edu)

### Mail form and check for total amount, made payable to Skidmore College to:

Office of the Dean of Special Programs  
Skidmore College - Summer Sports Program  
815 N. Broadway  
Saratoga Springs, NY 12866.