

THE MC CRUSADERS

2010 SUMMER SPORTS GAMES



Sport	Date	Age Group
Baseball	6/28-7/2	Grades 4 - 10
Girls Soccer	6/28-7/2	Grades 4 - 10
Boys Lax	7/6-7/9 *	Grades 4 - 10
Boys Soccer	7/12-7/16	Grades 4 - 10
Girls Lax	7/12-7/16	Grades 4 - 10
Youth Bball	7/12-7/16	Grades k - 4
Girls Bball	7/19-7/23	Grades 4 - 12
Football	7/19-7/22 *	Grades 6 - 9
Boys Bball	7/26-7/30	Grades 4 - 10
Softball	7/26-7/30	Grades 4 - 10
	* 4 day camp	Grade as of fall '10

From the World Cup to the World Series...each camp will offer its own unique combination of training and fun ending with a competition to crown the **2010 Summer Sports Games Champions.**

Register online now for a summer athletic experience like none other. Championship coaches, varsity team counselors, athletic trainer on-site, state-of-the-art facilities and locker rooms, and a tradition of excellence and fun. Train with the best - have the time of your life at the MC Crusaders 2010 Summer Sports Games !

Online registration will be available soon @ www.morriscatholic.org athletic page or print & mail or fax this registration form.

\$20 discount on registration received by 4/1/10

**All Camps Run 9 am to 3 pm
Youth Basketball (9 am to 1 pm)
Cafeteria Open Daily.**

For paper registration or more information:

Morris Catholic High School
200 Morris Avenue Denville, NJ 07834
Phone: 973-627-6674 ext. 133
Fax: 973-627-4351
Email: sportscamp@morriscatholic.org



REGISTRATION



Sign up for:	Dates	Price
<input type="checkbox"/> Baseball (9 to 3)	6/28-7/02	\$260.00
<input type="checkbox"/> Girls Soccer (9 to 3)	6/28-7/02	\$260.00
<input type="checkbox"/> Boys Lacrosse (9 to 3) 4 days	7/06-7/09	\$225.00
<input type="checkbox"/> Girls Lacrosse (9 to 3)	7/12-7/16	\$260.00
<input type="checkbox"/> Boys Soccer (9 to 3)	7/12-7/16	\$260.00
<input type="checkbox"/> Youth Basketball (9 to 1)	7/12-7/16	\$225.00
<input type="checkbox"/> Girls Basketball (9 to 3)	7/19-7/23	\$270.00
<input type="checkbox"/> Football (9 to 3) 4 days	7/19-7/22	\$225.00
<input type="checkbox"/> Boys Basketball (9 to 3)	7/26-7/30	\$270.00
<input type="checkbox"/> Softball (9 to 3)	7/26-7/30	\$270.00
	Sub total	
	Discount	
	Total	



Camper(s) name: _____
 Camper(s) grade this fall : _____
 Group name (if applicable): _____

Address _____
 Phone number _____
 E-mail address _____

Method of Payment
 Check
 Visa
 MasterCard
 American Express

You may reserve a space with a non-refundable deposit of \$75 for each camp. Balance due one week prior to camp.

Credit Card # _____ Exp. Date _____
 Print Name as it appears on credit card _____
 Signature _____

Early Registration Discount - \$20 Group Discount (10 or more) 20% Sibling or Multiple Camp Discount \$25

**Note: Early Registration Discount can be combined with one of the above until April 1st.
 After April 1st, 2010 only 1 discount per camper.
 Mail or call in your deposit today!**

Morris Catholic High School
Crusaders 2010 Summer Sports Camp
Health and Emergency Form

Health Information, Consent to Treat, Release of Liability

Camp: _____

Camper's last name: _____ Camper's first name: _____

Date of birth: _____ Grade in Sept. _____

Address: _____

Name of Parent(s)/Legal Guardian: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone Number(s): _____

Emergency Contact in the event that the above are not available: _____

Name and phone number(s): _____

Health Insurance Company: _____ Policy # _____

Is Camper currently under the care of a Physician? No _____ Yes _____
(If yes, please explain on the back)

Name of Family Physician: _____ Phone # _____

List any allergies: _____

Does camper have any relevant needs or restrictions? _____
(If yes, please explain on the back)

Other pertinent information: _____

I, as parent/guardian, for the camper listed above, have read the foregoing Health Information, Release of Liability, Consent to Treat Form and the answers are correct to my knowledge. If this information should change at any time that this consent applies, I am responsible for contacting the Morris Catholic HS Sports Camp with those changes. I give my child permission to participate in all activities involved with the camp listed above except where otherwise noted on this form. I or my designated contact can be reached at the telephone numbers referred to above, but if emergency medical care or treatment is necessary and if I cannot be contacted, I authorize the camp director or his designee to act on my behalf and approve appropriate treatment.

RELEASE OF LIABILITY: In consideration of MCHS accepting my child's registration for the above mentioned camp, I release, hold harmless and discharge MCHS, it's officers, Trustees, employees, agents, and affiliates and camp counselors approved by MCHS, of and from any and all liability, claim, loss, damage, cost or expense and waive any such claims against any such person or organization arising directly or indirectly from or attributable to any action or omission to act of any such person or organization in connection with this camp and I further agree to indemnify and hold harmless MCHS and its aforesaid affiliated personnel from any such liability, claim, loss, damage, cost or expense.

Date: _____

Signature of Parent or Guardian