

Please use a permanent marker.

# 2009 MERESTEAD CAMP REGISTRATION

Please mail this registration form to the Camp Office. It is recommended that you keep a copy for your records.

## CAMPER INFORMATION (Please Print)

NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ AGE AT CAMP \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_

PARENTS'/GUARDIANS' NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

( ) ( ) ( )  
HOME PHONE \_\_\_\_\_ FATHER'S WORK PHONE \_\_\_\_\_ MOTHER'S WORK PHONE \_\_\_\_\_

\_\_\_\_\_  
PARENTS' EMAIL @ CAMPER'S EMAIL @

SCHOOL \_\_\_\_\_ ROOMMATE REQUEST \_\_\_\_\_ ROOMMATE'S SCHOOL \_\_\_\_\_

## CAMP SHIRT SIZE

Small  Medium  Large  XL

## CAMP INFO

|                                |  |  |  |
|--------------------------------|--|--|--|
| Sweet Briar<br>Sweet Briar, VA | <input type="checkbox"/> June 21-24  | <input type="checkbox"/> FH <input type="checkbox"/> Combo<br><input type="checkbox"/> Lax | <input type="checkbox"/> Resident (\$500) <input type="checkbox"/> Day (\$325) |
| St. Benedict<br>St. Joseph, MN | <input type="checkbox"/> July 5-8  | <input type="checkbox"/> Lax   | <input type="checkbox"/> Resident (\$500) <input type="checkbox"/> Day (\$325) |
| St. Catherines<br>St. Paul, MN | <input type="checkbox"/> July 13-15  | <input type="checkbox"/> Lax   | <input type="checkbox"/> Day (\$300)   |
| Bryn Mawr<br>Bryn Mawr, PA     | <input type="checkbox"/> July 19-22<br><input type="checkbox"/> July 26-29 | <input type="checkbox"/> FH <input type="checkbox"/> Combo<br><input type="checkbox"/> Lax | <input type="checkbox"/> Resident (\$525) <input type="checkbox"/> Day (\$375) |
| Randolph-Macon<br>Ashland, VA  | <input type="checkbox"/> July TBA  | <input type="checkbox"/> FH Team   | <input type="checkbox"/> Resident (\$350) <input type="checkbox"/> Day (\$275) |

I approve my daughter's attendance at Merestead Camp and certify she is in good health and able to participate in the program activities. If medical attention is required for illness or injury while she is attending camp, I hereby authorize the directors to act for me according to their best judgement. I also understand Merestead Sports Camps, Bryn Mawr College, College of St. Benedict, College of St. Catherine's, Randolph-Macon College, and Sweet Briar College, along with their staffs are NOT responsible for any injuries or accidents occurring at camp. Any damage caused by my daughter to the camp or school property will be her responsibility. Camp will not be responsible for lost property.

INSURANCE POLICY NAME AND NUMBER \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

## PLAYING EXPERIENCE

| FH                       | Level     | LX                       |
|--------------------------|-----------|--------------------------|
| <input type="checkbox"/> | Beginner  | <input type="checkbox"/> |
| <input type="checkbox"/> | 7th Grade | <input type="checkbox"/> |
| <input type="checkbox"/> | 8th Grade | <input type="checkbox"/> |
| <input type="checkbox"/> | Freshman  | <input type="checkbox"/> |
| <input type="checkbox"/> | J.V.      | <input type="checkbox"/> |
| <input type="checkbox"/> | Varsity   | <input type="checkbox"/> |

Indicate personal awards, MVP,  
All-Conference: \_\_\_\_\_

FH Position:  A  M  D  GK

LX Position:  A  M  D  GK

## FEES (Listed to Left)

**MUST BE PAID IN FULL BY 6/1/09**

**NO REFUNDS AFTER 5/15/09**

**\$25 LATE FEE FOR REGISTRATIONS RECEIVED AFTER 6/15/09**

Team rates are available for all sessions, except the FH team camp. Groups of 10 or more will receive a discount of \$50 for residential/\$30 for day campers when all team members register together.

## PAY DEPOSIT OR FULL FEE

pay deposit (\$200)  pay full amount

check enclosed

MasterCard  Visa  American Ex.  Discover

CREDIT CARD NUMBER \_\_\_\_\_

EXP. DATE -- \$ AMOUNT CHARGED

SIGNATURE (required for credit cards) \_\_\_\_\_

## OFFICE USE ONLY:

Dep \_\_\_\_\_ CC \_\_\_\_\_ CK \_\_\_\_\_ E \_\_\_\_\_ P \_\_\_\_\_ I \_\_\_\_\_