

Archbishop Murphy 2010 Camp Registration



One form per child. Additional forms can be downloaded from our website at www.archbishopmurphyhs.org/sports.htm. Click on "Athletic Camps" link on left.

Camper Information *(Please print neatly)*

Name: _____
Address: _____
City: _____ State _____ Zip _____
Home Phone: _____

Likes to be called _____
School: _____
Gender: M F Birthday ____/____/____
Age this summer: _____ Grade in Fall 2010 _____

Parent/Guardian Information

Name: _____
Address: _____
City: _____ State _____ Zip _____
E-mail: _____

Home Phone: () _____
Work Phone: () _____
Cell Phone: () _____

Name: _____
Address: _____
City: _____ State _____ Zip _____
E-mail: _____

Home Phone: () _____
Work Phone: () _____
Cell Phone: () _____

Local Emergency Contact

(Authorized to act when parents cannot be reached)

Name: _____ Day Phone: () _____ Cell Phone: () _____
Name: _____ Day Phone: () _____ Cell Phone: () _____

Medical Release

I declare that I am the parent or legal guardian of camper whose name appears above. Although I understand that AMHS will make reasonable efforts to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity. In the event that my child is injured or should require medical attention, I hereby request you to contact our physician. In the event that the doctor cannot be reached, I hereby authorize the necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's treatment. I also consent for AMHS to use photographs taken of my child, whose name appears in this registration, for school promotional purposes.

Physician _____ Phone _____
Insurance Co. _____ Policy No. _____
Parent Signature: _____ Date: _____

Please complete other side →

Camper Last Name: _____ First Name: _____

Camp Sign-Up

All grades are for Fall 2010.

<u>Check Box</u>	<u>Camp Name</u>	<u>Session</u>	<u>Date</u>	<u>Time</u>	<u>Cost</u>	<u>SIZES: Adult S, M, L, XL, XXL</u>	<u>SUBTOTAL</u>
	Football	Boys Grades 5-8	NEW DATE July 15-16	10:00 – 11:30 am	\$25.00	Shirt Size: _____	
	Volleyball	Girls Grades 5-8	July 22-23 July 24	6:30 – 8:30 pm 10:00 – 12:00 pm	\$50.00	Shirt Size: _____	
	Soccer	Boys & Girls Grades 4-8	July 19-21	9:00 – 12:00 pm	\$50.00	Shirt Size: _____	
<input type="checkbox"/> <input type="checkbox"/>	Boys' Hoops	Session 1: Grades 5 & 6 Session 2: Grades 7 & 8	June 28-July 1	1) 10:00 – 12:00 pm 2) 12:30 – 2:30 pm	\$50.00	Shirt Size: _____	
	Girls' Hoops	Grades 5-8	July 7-9	1:30 pm – 3:30 pm	\$50.00	Shirt Size: _____	
TOTAL DUE							

Refund Policy: Once camp has begun, no refunds are available.

Make checks payable to "AMHS Summer Camp"
or enter credit card information below:

Please charge registration to my credit card (Visa, MasterCard or Discover only):

Credit Card Number _____

Exp. Date: _____ 3-Digit Code (# on back of card): _____

Signature: _____

Printed Name: _____

Phone: _____

Complete address section below if different from front side of form.

Address: _____

City/State/Zip: _____

For office use only.

Return registration form
with payment to:

AMHS Summer Camp
12911 39th Ave SE
Everett, WA 98208

Questions? Call the
AMHS Athletic Office
at (425) 385-3464
or e-mail
athletics@am-hs.org.

Archbishop Murphy High School admits students of any race, color, gender, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, gender, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

Date Received	Received By	Payment Method	Amount