

**CALVIN COLLEGE
2011 SUMMER SPORTS CAMP REGISTRATION**

Child's Name: _____ Parent Email: _____ Birthdate: _____
 Address: _____ City: _____ Zip: _____ Gender: _____
 Home Phone: _____ Emergency Phone: _____ Grade Entering: _____

Shirt Size: Youth 10-12 Youth 14-16 Adult S Adult M Adult L Adult XL Adult XXL

*** NOTE: If a size is not indicated, we cannot guarantee a shirt that will fit your child. Also, any registrations received within 2 weeks of the camp WILL NOT be guaranteed a requested size or a shirt.**

PLEASE MAKE ALL CHECKS PAYABLE TO CALVIN COLLEGE (SPECIFIC CAMP)

Please make a separate check for EACH camp

(ex.: Calvin College Tennis, Calvin College Soccer, etc.).

Mail to: HPERDS Department, Calvin College, 3195 Knight Way SE, Grand Rapids, MI 49546-4406

ALL BALANCES ARE DUE ON THE FIRST DAY OF CAMP.

NOTE: There will be NO FULL refunds after Friday, May 27, 2011.

DEPOSITS, as indicated in the brochure, WILL NOT be refunded, transferred to another camp or transferred to another child after Friday, May 27, 2011, regardless of registration date.

Please describe any physical limitations your child may have or any information the instructor should have. _____

BOYS' BASKETBALL CAMP

Session A (Grades 5 - 8): August 1-5: (M-F): 9:00am - 12:00pm \$105.00

BOYS' OVERNIGHT BASKETBALL CAMP – Grades 4-12

Resident: July 25-29 (M-F) *Roommate Name (if applicable):* _____ \$320.00

Commuter #1 – includes lunch & dinner: July 25-29 (M-F) \$240.00

Commuter #2 – meals on your own: July 25-29 (M-F) \$205.00

CALVIN COLLEGE PRESENTS THE GRAND RAPIDS STORM BOYS BASKETBALL CAMP

Session A (Grades 3 – 9): August 8-12: (M-F): M-Th., 9:00am - 3:30pm; Fri., 9:00am-12:00pm \$170.00

DIVING LESSONS

Skill Levels I-IV, ages 5-18. Times are 9:00, 10:00, & 11:00 am. Please indicate more than one choice of times or dates if possible as time slots and dates fill up very quickly.

Session A: June 13-24 (Mon.-Fri., 2 weeks): Time: _____ Skill Level: _____ \$65.00

Session B: June 27-July 7 (Mon.-Fri., Tu.-Th.): Time: _____ Skill Level: _____ \$55.00

* Note: No lessons on Mon., July 4 & Friday, July 8

Session C: July 11-22 (Mon.-Fri., 2 weeks): Time: _____ Skill Level: _____ \$65.00

Session D: July 25-August 5 (Mon.-Fri., 2 weeks): Time: _____ Skill Level: _____ \$65.00

GIRLS' BASKETBALL CAMP

Session A (Grades HS Individual): June 27-30 (M-Th): 10:00am-3:30pm \$160.00

Session B (Grades 4 – 8): August 1-4 (M-Th): 1:00-4:00pm \$100.00

GIRLS' OVERNIGHT BASKETBALL CAMP – Grades 7-12

Resident: June 27-30 (M-Th) *Roommate Name (if applicable):* _____ \$290.00

Commuter #1 – includes lunch & dinner: June 27-30 (M-Th) \$210.00

Commuter #2 – meals on your own: June 27-30 (M-Th) \$160.00

HIGH SCHOOL DIVING SKILLS & CONDITIONING

M, W, Th, June 13 – August 4, 6:00 – 8:00pm \$250.00

SOCCER DAY CAMP

Developmental (fairly new to the sport) Intermediate/Advanced (has played a lot) Goalkeeper

Session A: Half-day: July 11-14 (M-Th), 9:00am – 12:00pm \$75.00

Session B: Full-day, lunch on your own: July 11-14 (M-Th), 9:00am – 3:00pm \$150.00

Session C: Full-day, box lunch provided: July 11-14 (M-Th), 9:00am – 3:00pm \$175.00

SOCCER OVERNIGHT CAMP – Grades 7-12

- Session A (Resident): July 18-21 (M-Th) *Roommate Name (if applicable):* _____ \$435.00
- Session B (Commuter): July 18-21 (M-Th) \$335.00

SUMMER LEAGUE SWIM TEAM – Ages 5-17 - All practices are at Venema Aquatic Center; See website for meet locations

- Session A: Ages 5-8 (see brochure or website for dates & times) \$100.00
- Session B: Ages 9-12(see brochure or website for dates & times) \$125.00
- Session C: Ages 13-18 (see brochure or website for dates & times) \$150.00

SWIMMING LESSONS

Morning Lessons are for Levels I-IV only, beginning at age 5. Times are 9:00, 10:00, & 11:00 am. Please indicate more than one choice of times or dates if possible as time slots and dates fill up very quickly.

- Session A: June 13-24 (Mon.-Fri., 2 weeks): Time: _____ Skill Level: _____ \$65.00
- Session B: June 27-July 7 (Mon.-Fri.; Tu.-Th.): Time: _____ Skill Level: _____ \$55.00

* Note: No lessons on Monday, July 4 & Friday, July 8.

- Session C: July 11-22 (Mon.-Fri., 2 weeks): Time: _____ Skill Level: _____ \$65.00
- Session D: July 25-August 5 (Mon.-Fri., 2 weeks): Time: _____ Skill Level: _____ \$65.00

Afternoon Lessons are for Levels IV-VII only. Please indicate more than one choice dates if possible as time slots and dates fill up very quickly.

- Session E: June 13-23 (Mon.-Th., 2 weeks): Time: **1:00pm** Skill Level: _____ \$55.00
- Session F: July 11-21 (Mon.-Th., 2 weeks): Time: **1:00pm** Skill Level: _____ \$55.00
- Session G: July 25-Aug. 4 (Mon.-Th., 2 weeks): Time: **1:00pm** Skill Level: _____ \$55.00

TENNIS CAMP

Please circle Skill Level: 1.0 1.5 2.0 2.5 3.0

- Session A (Ages 7-10): June 13-16 (M-Th): 9:00-10:15am \$45.00
- Session B (Ages 11-13): June 13-16 (M-Th): 10:30am-12:00pm \$50.00
- Session C (Ages 7-10): June 20-23 (M-Th): 9:00-10:15am \$45.00
- Session D (Ages 11-13): June 20-23 (M-Th): 10:30am-12:00pm \$50.00

VOLLEYBALL

- Session A (Grades 3-5) Skills Camp: July 11-14 (M-Th): 12:00 – 2:00pm \$55.00
- Session B (Grades 6-7) Skills Camp: July 11-14 (M-Th): 9:00am-12:00pm \$80.00
- Session C (Grades 8-12) Skills Camp: July 11-14 (M-Th): 9:00am-2:00pm \$140.00
- Session D (Grades 8-12) Skills Camp: July 18-21 (M-Th): 9:00am-2:00pm \$140.00
- Session E (Grades 8-12) Setters Camp: July 18-21 (M-Th): 9:00am-2:00pm \$140.00
- Session F (Grades 8-12) Defensive Specialist Camp: July 18-21 (M-Th): 9:00am-2:00pm \$140.00
- Session G (Grades 8-12) Hitters Camp: July 18-21 (M-Th): 9:00am-2:00pm \$140.00
- Session H (Grades 8-12) Middle Hitters Camp: July 18-21 (M-Th): 9:00am-2:00pm \$140.00

INSURANCE/INJURY POLICIES

The college is not liable for injuries sustained by students in camp programs even though such injuries occur on college premises, in sport classes, or in competition. The college does not undertake to be the insurer of its students and its liability under the law must be based on fault. It is necessary, in order to establish the liability of the college for such injuries, not only to prove negligence or carelessness on the part of the college, but also to show that the student was free from any negligence or carelessness which might have contributed to the injuries. Accordingly, students and parents are advised to be certain that there is coverage by personal or family health and accident insurance.

Parent/Guardian Signature: _____

Daytime Phone: _____

1. How did you learn of this camp? Check all that apply.

- School Word of mouth Community billboard Church Past participation Calvin summer camp website Camp brochure
- Newspaper or print ad (please explain: _____) Other: please explain: _____

2. Did any of the following reasons contribute to your decision to select this camp? Check all that apply

- Price Geographic location Christian identity of the college Level of instruction Camp was recommended to me
- I was interested in a camp at Calvin My child came to camp with a friend

Office Use Only

Camp: _____	Amt. Rec'd: _____	Amt. Due: _____	Check #: _____	Date Rec'd: _____
Camp: _____	Amt. Rec'd: _____	Amt. Due: _____	Check #: _____	
Camp: _____	Amt. Rec'd: _____	Amt. Due: _____	Check #: _____	
Camp: _____	Amt. Rec'd: _____	Amt. Due: _____	Check #: _____	

CALVIN COLLEGE SUMMER CAMPS

Release and Waiver of Liability

To be filled out and returned with registration form.

I hereby give permission for my child (the "Participant") to attend and participate in the program(s) listed below being offered by Calvin College. In consideration of the Participant attending the program(s) listed below, I agree to the following:

I hereby release, waive, discharge and covenant not to sue Calvin College, its affiliates, officers, directors, employees, shareholders, members, representatives, attorneys, successors and assigns, or other participants (collectively, "Releasees") from all liability to me, the Participant, Participant's heirs, executors, representatives, successors and assigns for any and all loss or damage, and any claim or demands thereof on account of injury to the person or property of, or resulting in death of, the Participant, while the Participant attends the program and any activities incidental thereto and whether caused by the negligence of the Releasees or otherwise. I understand that it is my responsibility to arrange for transportation of the Participant to and from the program, and I release the Releasees and I assume all responsibility for my child's transportation, including drop off and pick up from the program.

I hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or cost of any and all kind they may incur due to the participation of the Participant in the program and any activities incidental thereto, whether caused by the negligence of the Releasees or otherwise.

I acknowledge, understand, and assume all risks of the Participant and any activities incidental thereto which can result in great bodily harm or death, disability, paralysis, and/or other damage even under well-controlled circumstances. I have full knowledge of these risks despite the existence of rules, regulations, equipment and discipline. I accept all of these risks and any risks or dangers not known or which are not reasonably foreseeable, and I will not hold responsible Releasees for injuries or damages resulting from the Participant's participation in these activities, wherever or however they occur.

I expressly agree that this Release is intended to be as broad and inclusive as is permitted by the law of the State of Michigan and that if any portion is held invalid, it is agreed that the balance shall continue in full legal force and effect. By signing this Release, I acknowledge that this Release has been freely and voluntarily made after careful review of all of the terms and provisions of this Release and agree that this Release shall not be subject to recession or nullification at any time hereafter. I further agree that no oral representations, statements and inducements apart from this Release have been made regarding liability.

I hereby permit and authorize Calvin College and its employees, agents, and personnel to use in perpetuity the Participant's photograph or other likeness for any purpose, including publicity, marketing, and promotional purposes. I understand such photograph or likeness may be copied and distributed by means of various media, including video presentations, television, mailers, billboards or signs, brochures, placement on websites, or newspapers. I understand that, although Calvin College will endeavor to use any such photograph or likeness in accordance with standards of good judgment, Calvin College cannot warranty or guarantee that any further dissemination of such photograph or likeness will be subject to Calvin College supervision or control. Accordingly, on behalf of the Participant, I release Calvin College from any and all liability related to usage or dissemination of the Participant's photograph or likeness.

Signature of Parent or Legal Guardian: _____ Date: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Participant's Name: _____

Program(s): _____

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CALVIN COLLEGE SUMMER CAMPS

Medical Form

Medical information will remain confidential and will not be released except as allowed by law.

Participant's Name: _____ Age: _____ Gender: M/F

Address: _____ Birth Date: _____

City: _____ State: ____ Zip: _____ Home Phone: _____

Parent's Name (1): _____ Daytime Phone: _____

Parent's Name (2): _____ Daytime Phone: _____

Family physician: _____ Phone: _____

Insurance Company: _____ Policy#: _____

Policy Holder: _____

Designated alternate if parent is unavailable:

Name: _____ Phone: _____

Please identify any significant medical conditions (i.e. asthma, diabetes, allergies/reactions to medications, foods, bee stings etc.), major illnesses, or injuries that may affect your child's participation in Calvin College activities.

Does your child take any medications at home? If so, please list them below.

I understand that Calvin College does not provide medical insurance for program participants. I hereby confirm that my child is covered by the health insurance policy listed above. I authorize Calvin College or its designated person to secure medical attention for my child if any such person deems necessary if I am not available to make a decision regarding such medical attention. This consent shall not impose any obligation to provide such medical attention and it is understood that such persons might not be trained medical personnel. I hereby authorize the Grand Rapids emergency health care system to provide any necessary care.

Signature of Parent or Legal Guardian: _____ Date: _____