

# Presentation High School 2010 Summer Sports Camps Registration

Student name: \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_

Home address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father/guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother/guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency contact \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**T-Shirt Size:** YS      YM      YL      AS      AM      AL

**Please register me for the following camps: (Include camp name and date)**

\_\_\_\_\_  
\_\_\_\_\_ Total enclosed: \_\_\_\_\_

Send registration and full payment to:

**Presentation High School  
Sports Camps 2010  
2281 Plummer Avenue  
San Jose, CA 95125**

## MAKE CHECKS PAYABLE TO PRESENTATION HIGH SCHOOL

**Refund Policy:** Refunds will be given for camps dropped prior to April 30 with a cancellation fee of \$50 for each program. After this date, refunds will not be provided. Refund requests must be submitted in writing or by e-mail to the athletic office. No exceptions will be made. Presentation reserves the right to cancel any camp for lack of enrollment. There will be no charge for cancelled camps. No pro-rated rates or refunds will be given for absences.

**Parent Consent:** I hereby register my child for the listed camp(s) and authorize the staff to direct him/her in participation in summer activities. My child has no medical or emotional problems that may affect his/her ability to safely participate in your program, and the Presentation High School Summer Sports Camps 2010 staff is authorized to attend to any health problem or injury my child may incur while attending Presentation Summer Sports Camps. I understand that my child must have current and active medical insurance before he/she can attend Presentation Sports Camps. Neither I nor my child will hold Presentation High School or staff liable for any injuries or expenses relating to injuries while my child is at Presentation Summer Sports Camps.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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For Office Use Only

Paid \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ Confirmation Date \_\_\_\_\_