



# Seton - La Salle



## Rebels

## 2009 Summer Sports Camps



### Other Summer

#### Camps:

Football  
Youth Basketball  
Boys Soccer

Please check [www..slshs.org](http://www.slshs.org)



### Boys Basketball

June 15-18 from 9:00am-12:00pm  
Students Entering Grades: 5<sup>th</sup> – 8<sup>th</sup>

Seton-La Salle High School Gymnasium  
By the SL Basketball Staff  
Cost: \$50.00

### Girls Soccer

June 30-July 2 from 9:00am-11:30am  
Rebel Athletic Field

Students Entering Grades: 4<sup>th</sup>-8<sup>th</sup>  
By the SL Girls Soccer Staff  
Cost: \$50.00

For questions, please call  
Seton-La Salle High  
School at 412-561-3583.

Checks should be made  
payable to Seton-La Salle  
High School.

Please drop off or mail  
registration with payment  
to:

Seton – La Salle High Sch.  
c/o Athletic Dept  
1000 McNeilly Rd  
Pittsburgh, PA 15226

### Girls Lacrosse

June 22-24 from 9:00am-12:00pm  
Students Entering Grades: 5<sup>th</sup> – 9<sup>th</sup>

Rebel Athletic Field  
By the SL Lacrosse Staff  
Cost: \$50.00

### Boys / Girls Volleyball

June 16-18 from 7:00pm-9:00pm  
Students Entering Grades: 5-8

Seton-La Salle High School Gymnasium  
By the SL Volleyball Staff  
Cost: \$40.00

RETURN THIS PORTION

Cash <input type="checkbox"/>
Check # _____

<b>PLAYER INFORMATION</b>
---------------------------

NAME: \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_

Circle the Camp Option: (Please submit individual registration forms for each camp.)

Girls Lacrosse (June 22-24) [\$50.00]	Boys Basketball (June 15-18) [\$50.00]
Coed Volleyball (June 16-18) [\$40.00]	Girls Soccer (June 30-July 2) [\$50.00]

HOME ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

BIRTHDATE : \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE/FALL 2006: \_\_\_\_\_

SCHOOL ENROLLED/FALL 2009: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

## MEDICAL INSURANCE INFORMATION

PROVIDER \_\_\_\_\_ ID NUMBER \_\_\_\_\_

PHYSICIAN NAME AND PHONE NUMBER \_\_\_\_\_

***Parent/Guardian Authorization: I hereby approve of my son to participate in the Seton-La Salle Summer Sports Camp(s) and certify that s/he is in good health and able to participate in the program activities. I authorize that the program directors act for me according to their best judgment in any emergency requiring medical attention, for which service I shall pay. I also agree to release, waive, and discharge Seton-La Salle High School and its camp coordinators of any responsibility in the case of an accident or injury.***

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_