

# Nazareth Academy High School

## LACROSSE C A M P

### JULY 2008



**DATE:** Monday through Friday -- JULY 14<sup>th</sup> – JULY 18<sup>th</sup>  
**FOR:** GRADE 3 THROUGH GRADE 9  
**TIME:** 9:00 AM - 3:00 PM  
**FEE:** \$125.00 (\$100.00 IF PAYMENT IS RECEIVED BEFORE MAY 1<sup>ST</sup>, 2008)

Nazareth Academy will sponsor a one week camp for girls grades 3 through 9 beginning Monday, July 14, 2008. Campers will be divided into leagues depending on their age and ability. The camp will be under the direction of Miss Nancy Villante and staff. The camp will emphasize skill and drill instruction and features individual and team competitions. Pizza, snacks and Gatorade will be available to buy during lunch or campers can bring their lunch.

### CAMPERS MUST HAVE STICK AND GOGGLES!!!

#### RATES:

1. The camp fee is \$125.00 for one child, \$95.00 for the second, and \$75.00 for the third.
2. Group/Team rates (4 or more) \$100.00 per person---Group applications must be received together.

If you are interested in attending camp, please fill out the registration form below and send it to:

Nazareth Academy High School  
Attention: Nancy Villante, Head Lacrosse Coach  
4001 Grant Avenue  
Philadelphia, PA 19114

For further information, please contact Ms. Villante at 215-219-3342

Please make checks payable to: Nazareth Academy High School  
Deadline Date: Tuesday, July 1st, 2008

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

GRADE & SCHOOL ENTERING IN SEPTEMBER 2008

School \_\_\_\_\_ Grade \_\_\_\_\_

I certify that my child is in good health and able to participate in all camp activities. Any limitations will be submitted in writing. I authorize all emergency and medical treatment which may be needed in the event of an injury, including the taking of my child to the nearest medical facility. I understand that all medical bills are the responsibility of the parent/guardian.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Phone: \_\_\_\_\_  
Home/Cell etc. \_\_\_\_\_ Work \_\_\_\_\_ Emergency Contact/Relationship \_\_\_\_\_

Each camper will receive mouth guard and t-shirt!!

Please circle size! Adult sizes - Small Medium Large X-Large