



2017 Team Camp Registration Form

Millersville University

Camper's Name: _____

Email address: (for Registration Confirmation) _____

Coach's Name: Chad Brubaker

Coach's Email: cbrub@spring-ford.net

Resident Campers: \$300

MILLERSVILLE OVERNIGHT TEAM CAMP 2017

Please check the camp you will be attending:

MILLERSVILLE THREE DAY CAMP

Includes:

9y Practice Sessions

\$300.00

8y 7 on 7 Interactions | 11 on 11

Sessions 8y Meals

2 Night Air Conditioned Dorm Stay

CAMP #1: July 14,15,16

Important: All Camp Registrations should be given to your Head Coach. Your Coach will then mail everything in as a TEAM to:

SVS, Inc. 133 Bank Barn Lane, Lancaster, PA 17602

MILLERSVILLE COMMUTER CAMPS 2017 (No overnight stay)

MILLERSVILLE ONE DAY COMMUTER CAMP **\$ 95.00**

Includes:

3- Practice Sessions

3- 7 on 7 Interactions | 11 on 11 Sessions

2- Meals | Lunch & Dinner

*** Check out is following Evening Session Day-1**

MILLERSVILLE TWO DAY COMMUTER CAMP **\$170.00**

Includes:

6- Practice Sessions

6- 7 on 7 Interactions | 11 on 11 Sessions

4- Meals | Lunch & Dinner (both days)

*** Check out is following Evening Session Day-2**

MILLERSVILLE THREE DAY COMMUTER CAMP **\$210.00**

Includes:

8- Practice Sessions

8- 7 on 7 Interactions | 11 on 11 Sessions

6- Meals | Lunch & Dinner (3 days)

*** Check out is following Evening Session Day-3**

CHECK WHAT CAMP YOU WILL ATTEND AT MILLERSVILLE UNIVERSITY



2017 Team Camp Registration Form | Millersville University

Email address to which the following information will be confirmed

Last name First Name Middle Initial

Home Address

City State Zip Home Phone

Emergency contact name Emergency contact phone

Height Weight Age Grade:(nextfall) Position

School name Location: (city, state)

Mother's name Mother's phone

Father's name Father's Phone

SVS T-Shirt size: (not applicable for all camps) S M L XL XXL XXXL

SECURITY DEPOSIT: Team Camps:

I understand that my school will lose the \$250.00 security deposit if any of the following would happen: damage to my room, damage to my hallway, damage to the bathroom facility on my floor, pulling or tampering with the fire alarm on my floor, I am dismissed from camp, I lose my room key or combination card. I also understand that if the damages exceed the \$250.00 Team Security Deposit that my parent and I will be billed. Note: If a fire alarm is pulled, everyone on the floor will lose their deposit. I will take full responsibility for any of the above problems and fully understand that I could lose my security deposit.

Note: Players are not responsible for Security Deposits. Your Coach will be providing a Security Deposit of \$250.

Sign _____ Date _____

Refund Policy:

No cash refunds for underclassmen. All underclassmen will receive a credit to attend future SVS camps. If you do not notify SVS Sports, Inc. in writing at least one week before the start of the camp, there will be no credit given. There will be no exceptions. Cash refunds will only be given to seniors and a \$100.00 service charge will be applied. All refund checks will be mailed at the end of August.

Total Amount Enclosed: _____

Make all checks payable to: Jim Cantafio SVS Sports, Inc 133 Bank Barn Lane Lancaster, PA 17602



Have Questions? Call Jim Cantafio (717) 468-7185



2017 Medical Release Form

Last Name

First Name

Middle Initial

School

Mother's Daytime Phone

Father's Daytime Phone

In the event that I am unavailable for the purpose of providing parental consent, I hereby authorize the physician(s) and staff at the local hospital to provide such care that routine diagnostic procedures and medical treatment as necessary to my minor son/daughter. I understand the consent and authorization herein granted do not include major surgical procedures and are only valid during camp.

This camp does not provide medical insurance for campers. In the event of illness or injury requiring treatment or hospitalization, family medical insurance must be used. Parents will be billed directly for any medical care given at the College Health Center or local hospital.

Physical conditions that the physician should be aware of: allergies, recurring illness, disabilities, chronic illness, etc.

Date of most recent tetanus immunization: _____ (if more than 10 yrs, booster is recommended)

I understand that I will be contacted during the child's examination in the emergency department.

If I am not available, contact: _____ Phone: ()

My family physician is: _____ Phone: ()

Insurance Company : _____

Policy #: _____ Group Number: _____

Father or Mother's name that the insurance is under: _____

Insured Birthdate: _____ Place of Work: _____

Parent/Guardian's Name (Please Print)

Signature

Date

JIM CANTAFIO, DIRECTOR 133 Bank Barn Lane, Lancaster, PA
17602 Cell: 717-468-7185 | Fax: 717-666-6368 |
jim@svssports.com



WAIVER AND ASSUMPTION OF RISK

I, _____, the parent of _____ voluntarily sign this waiver and assumption of risk in favor of Susquehanna Valley Sports Inc. (the organization) in consideration for any or all of the following:

1. The opportunity to use facilities owned, leased, or operated by the organization, and/or
2. The opportunity to receive instruction in an activity from the organization's employees and/or volunteers, and/or
3. The opportunity to engage in the activities sponsored or conducted by the organization.

I fully understand that there are certain risks and dangers associated with the facilities, instructions, equipment and/or activities that cannot be eliminated regardless of the care taken to avoid injuries and that these risks and dangers have been fully explained to me. I fully understand the risks and dangers involved. I fully assume the risks and dangers involved as acceptable to me, and I agree to use my best judgment in undertaking these activities, and I agree to follow all safety instructions. I waive, release, covenant not to sue, and agree to indemnify and hold harmless Susquehanna Valley Sports Inc. from any claims, actions, suits, costs, expenses, damages or liabilities, including attorney's fees for personal injury, property damage, accidents, illnesses, death, or any incidental damage that may arise from my child's use of the facilities or equipment or from participation in the activities or receipt of instruction.

I am a competent adult and I assume these risks of my free will. I have read this Waiver and Assumption of Risk and I understand its full terms. I understand that I am giving up substantial rights and I acknowledge that I intend by my signature that this be complete and unconditional release of liability to the greatest extent of the law.

Dated _____

Signature _____

Printed Name _____