

Registration Form

Return to
SPSV
ATTN: Patty Delgado
1500 Benicia Road
Vallejo, CA 94591

Student's Name _____

First Middle Initial Last

Street Address _____

City, State, Zip _____

Current School _____ Current Grade _____

Date of Birth _____ Age _____ Sex: M _____ F _____

Shirt Size (adult sizes) XS _____ S _____ M _____ L _____ XL _____ XXL _____

Parent/Guardian's Full Name _____

Relation to Student if not Parent _____

Street Address _____

City, State, Zip _____

E-mail Address _____

Daytime Phone _____ Work Phone _____

Alternate Phone _____

Name of Alternate Emergency Contact _____

Phone Numbers _____

Relation to Student _____

Physician Name & Phone # _____

Health Insurance Name & Plan # _____

Please list any allergies or health issues _____

AUTHORIZATION FOR MEDICAL CARE In case of accident or emergency, I hereby authorize St. Patrick-St. Vincent, its faculty, staff and camp leaders to take whatever means necessary to medically treat the student whose name appears on this form. I authorize the school to admit the student to the nearest medical facility for any x-ray, anesthetics, medical treatment or hospital care deemed necessary. I acknowledge that I am financially liable for all costs incurred in this care & treatment.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

Class/Camp Selection Form*

Refer to catalog for titles, dates, times and tuition information.

	Course Title	Session #	Time
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

These fees are per session. Before May 1/After May 1 Two morning classes, lunch & afternoon activity \$250.00/\$300.00 Both morning classes only \$200.00/\$225.00 One class only \$125.00/\$150.00 Lunch fee if not staying all day \$ 35.00/\$ 45.00

Fees due for courses/afternoon activity \$_____

Sport Camp Selection	Before May 1/After May 1
1. Tennis _____ 6/16-20 or 6/23-27	\$125.00 / \$135.00**
2. Football _____	\$200.00 / \$210.00
3. Cheerleading _____	\$125.00 / \$135.00
4. Softball _____	\$125.00 / \$135.00
5. Boys Basketball _____	\$125.00 / \$135.00
6. Volleyball _____ July 21-24 or 28-31	\$125.00 / \$135.00**
7. Wrestling _____ 6/16-20, 7/7-11 or 7/28-8/1	\$125.00 / \$135.00**
Parent Fee for 7/7-11 Wrestling Camp	\$50.00 / \$50.00
8. Junior Basketball _____	\$95.00 / \$105.00
9. Flag Football _____	\$95.00 / \$105.00

Fees due for sport camps \$_____

Lunch fee if not staying all day \$_____

Total fees paid(checks payable to SPSV) \$_____

Any course or camp may be cancelled if enrollment expectations are not met. In this case, you will be given a full refund. If, prior to the start of camp, you choose not to attend for any reason you will be issued a refund of your fees less a \$50 processing fee. No refunds will be issued after a participant has started camp.

*Little Lady Bruin Basketball Registration Form on next page

. ** Be sure to indicate which week of camp you wish to attend.

Little Lady Bruin Basketball Camp Registration Form

Please make checks payable to RODNEY FAUCETT and return registration to:
St. Patrick-St. Vincent High School
ATTN: Patty Delgado
1500 Benicia Road
Vallejo, CA 94591

Student's Name _____

Street Address _____

City, State, Zip _____

Current School _____ Current Grade _____

Date of Birth _____ Age _____

Shirt Size (adult sizes) XS _____ S _____ M _____ L _____ XL _____ XXL _____

Parent/Guardian's Full Name _____

Relation to Student if not Parent _____

Street Address _____

City, State, Zip _____

Email Address _____

Daytime Phone _____ Work Phone _____

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Name of Alternate Emergency Contact _____

Phone Numbers _____

Relation to Student _____

Physician Name & Phone # _____

Health Insurance Name & Plan # _____

Please list all allergies or medical issues _____

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