

**The RAC Summer Camps
Summer 2009 Application
RAC Complete Player Camp – Boys – Grades 5th – 10th
July 13th – July 17th 9:00am – 3:00pm @ The Rockingham Athletic Club
603-382-0641**

Camper Information

Camper's Name: _____
Last First M.I.

Street: _____

City/State/Zip: _____

Date of Birth: _____ Age: _____ Grade Next School Year: _____
Month/Day/Year

Current School: _____ School Next Year: _____

Parent/Guardian Information

Parent/Guardian #1: _____	Parent/Guardian #2: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

Reversible Jersey

Please Circle: Adult Jersey Size S M L XL XXL

- I have enclosed my check for full payment, \$150, made out to The Rockingham Athletic Club, 175 Plaistow Road, Plaistow, NH 03865
- I have submitted my payment through paypal.
- I have enclosed the emergency form.
- I have enclosed my child's most recent physical (within 24 months of camp start date)
- I have enclosed my child's immunization record.
- I have enclosed the pre/after care registration form and payment made payable to The Rockingham Athletic Club, if necessary.

I understand that there will be no refund for any cancellation made within two weeks of the scheduled camp date. I further authorize and give full consent to The Rockingham Athletic Club to publish any quotes, photographs, or videotapes which my child appears in while attending the camp for the purpose of promoting the camp.

Signed (Parent/Guardian)

Date