

**The RAC Summer Camps  
Summer 2009 Application  
RAC Complete Player Camp – Girls – Grades 5<sup>th</sup> – 10<sup>th</sup>  
July 20<sup>th</sup>- July 24<sup>th</sup> 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**