

SUMMER CAMP APPLICATION

All applications **MUST** be accompanied by the signed Camp Waiver and a check for the appropriate non-refundable deposit.

- Please fill out only **ONE** form per camper per sport.
- Please send all information to the appropriate coach.
- Make checks payable to: Union College
- Mail checks, registration **AND** Camp Waiver to:

Coach _____
Summer Camps
Department of Athletics
Union College
Schenectady, NY 12308

Camp of Interest: _____ Session of Interest: _____

Child's Name: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent or Guardian Contact Information

Name(s): _____

Address: _____

Home Phone: _____ Work Phone: _____

Home Phone: _____ Work Phone: _____

Home Email: _____ Work Email: _____

Emergency Contact's Name & Phone

Mrs. _____ Phone: _____

Mr. _____ Phone: _____

Relationship to Camper: _____

Pertinent Medical Information (allergy, asthma, etc.)

Information About the Camper

{Please Circle): Male Female Date of Birth: _____ Height: _____ Weight: _____

Shirt Size (Please Circle): S M L XL (Adult Sizes)

Child's Previous Experience in this sport: _____

Position(s) of Interest (in football indicate positions for both offense and defense):

