

2011 Dewey Burke Sky High Skills Camps

Camper Name: _____

Parent/Guardian: _____

Address: _____

Age: _____ Phone :(_____) _____

E-Mail: _____

Week(s) of Camp (please circle all that apply):

WEEK 1 St. Monica's Church: July 11 -14, 9:30am – 12pm → **\$265**

WEEK 2 @ T/E Middle School: July 18 – 21, 9:30am – 12pm → **\$265**

WEEK 2A @ Springfield Healthplex: July 18-21, 2 – 4:30pm → **\$215**

pay by June 1st and take \$15 off

Health Concerns:

In case of emergency, contact: _____ at (____) _____

I hereby authorize the owners and staff of Dewey Burke Camps, LLC. to act for me, to his/her best judgment, in the event of an emergency requiring medical attention. I hereby consent to voluntarily engage in this program for my child. I have been informed, consent to and understand that there is a risk of injury during exercise and sport-training. I have been given the opportunity to ask questions regarding this program. I declare myself and my child to be mentally and physically sound. I have been given the opportunity to disclose in writing any and all medical, cognitive or psychological conditions, prior or current injuries, surgeries, and currently prescribed medications. I do hereby waive, release and discharge Dewey Burke, Dewey Burke Camps LLC, John Jones, Sky High Sports Inc., Conestoga High School and the Tredyffrin-Easttown School District, their officers, agents, employees, representatives, executive, directors, shareholders and all others acting on their behalf, from any and all claims or liability for injuries or damages arising out of participation in this program, excluding those caused by intentional negligence or omission.

Health Insurance Co. _____ Policy#: _____

Parent/Guardian Signature:

_____ Date ____ / ____ / ____

Make check payable to:
Dewey Burke Camps, LLC
411 W Conestoga Road, # 14
Devon, PA 19333