

Camp Registration Form

Due by May 21, 2021

Please include \$140 fee (per camp)

PLEASE PRINT LEGIBLY

Name: _____

Age: _____ Entering Grade: _____

Address: _____

City _____ State _____ Zip Code _____

Home phone: _____

Cell phone: _____

E-mail address: _____

Present School: _____

Please check the camp(s) you wish to attend:

- Badminton - 6th, 7th, 8th & 9th graders
- Basketball - 5th, 6th, 7th, 8th & 9th graders
- Softball - 5th, 6th, 7th & 8th graders
- Tennis - **CANCELED** due to court construction
- Volleyball - 5th & 6th graders
- Volleyball - 7th & 8th graders
- Volleyball - 9th graders
- Beach-Volleyball - **CLOSED** (Camp is full)

Tee-shirt size: YOUTH: L XL
 (Circle one) ADULT: S M L XL

Tee-shirts will not be available **AFTER** the registration deadline.

Please return this registration form, the completed Medical Release Form (on back) and the \$140 **non-refundable** fee per camp to:

*Ms. Susan Contreras
 Xavier Sports Camps 2021
 4710 North Fifth Street
 Phoenix, Arizona 85012-1738*

Please make checks payable to "XCP". **Registration deadline is May 21, 2021, however, sessions may fill up before this date.**

Enrollment is on a "first come first served" basis. E-mail scontreras@xcp.org with questions.

Xavier College Preparatory
 4710 North Fifth Street
 Phoenix, Arizona 85012-1738
 Fax: 602-230-2621
 E-mail: scontreras@xcp.org



Home of the gators!



XAVIER 2021

SUMMER SPORTS CAMPS

JUNE 7 - 24, 2021



Badminton



Basketball



Softball



Tennis



Volleyball



Beach Volleyball

Summer Sports Camps

Before you realize it, summer will be upon us! The coaches of Xavier College Preparatory will again be offering summer sports camps in badminton, basketball, softball, tennis, and volleyball.

Our camps are designed for girls **entering 5th through 9th grades** who are currently involved in these sports and for those who anticipate high school competition. This year we are offering **three levels of volleyball and one level each for badminton, basketball, beach volleyball, softball, and tennis.**

Xavier sports camps are excellent for learning fundamentals, improving your skills, and meeting current Xavier students, incoming students and coaches.

Camp Features

- One-on-one instruction with coaches.
- New students and current and past player participation.
- Emphasis on fundamentals taught and reviewed.
- Skills put into action in team competition.
- Emphasis on learning and understanding offensive and defensive team strategy.

Most Sports Camps are held in Xavier's two gyms. Softball is held at Xavier's Petznick Field. Beach Volleyball is held at Xavier's Cavanaugh Family Beach Volleyball Courts.

Camp Dates

Badminton

June 14th- 17th

2:00pm – 4:00pm for 6th through 9th graders

Basketball

June 21st – 24th

2:00pm – 4:00pm for 5th through 9th graders

Softball

June 7th – 10th

7:00pm – 9:00pm for 5th through 8th graders

Tennis

Canceled due to court construction

Volleyball

June 7th – 10th

2:00pm – 4:00pm for 9th graders

June 7th – 10th

11:30am – 1:30pm for 7th & 8th graders

June 21st– 24th

11:30pm – 1:30pm for 5th & 6th graders

Beach Volleyball

June 21st– 24th

7:00 am – 9:00 am for 6th through 9th graders

CLOSED (Camp is full)

Camp Fees

The Fee for EACH camp session is
\$140

Fees are non-refundable.

MEDICAL RELEASE FORM

Please PRINT clearly.

Name: _____

Past injuries: _____

Present Health (Medications): _____

Drug Sensitivities: _____

Other Allergies: _____

Insurance Co.: _____

Insurance Co. Address: _____

Policy Holder: _____

Policy #: _____

Other Health & Accident Coverage: _____

I verify that my child has been checked by a licensed physician and is physically able to participate in the Xavier College Preparatory Summer Sports Camp. I hereby agree and promise that I will not hold Xavier College Preparatory responsible for any loss, damages or personal injuries while at camp. I hereby authorize the Directors of the Camp to act for my child according to their best judgment in any emergency requiring medical attention. I agree to allow my child to be treated by a licensed physician, if necessary, and to assume all costs related to such treatment. I authorize my insurance company to pay benefits. Also, I authorize the disclosure of medical information to my insurance company for the purpose of any claim.

(Signature of Parent/Guardian)

Contact in case of emergency: _____

Phone: _____ Date: _____