SUNY Orange
2010
Summer Sports Camps and Leagues

Our goal is to provide the opportunity for boys and girls in the local community to receive fundamental sports skill instruction and team play at a reasonable price.

SUNY Orange Camps Offer:
• College Coaches
• Daily Pool Use
• Snack Bar Available
• Skill Instruction and Game Play

(You must complete both sides of this form.)
NAME ____________________________________________
AGE ________ SCHOOL_____________________________GRADE _______
PHONE ____________________________

HOME ADDRESS ____________________________________________
CITY __________________________ STATE _______ ZIP _______
T-SHIRT SIZE:   Sm ____    Med ____    Lg ____    X-Lg ____

____ BOYS & GIRLS TENNIS CAMP - AGES 8 - 14
____ GIRLS BASKETBALL CAMP - AGES 8 - 13
____ BOYS BASKETBALL CAMP - AGES 8 - 14
____ BOYS BASKETBALL CAMP - AGES 10 - 17
____ BOYS & GIRLS SOCCER CAMP - AGES 8 - 12
____ GIRLS’ H.S. BASKETBALL LEAGUE
____ BOYS’ H.S. BASKETBALL LEAGUE
(TEAMS ONLY - MINIMUM 10 PLAYERS)
____ GIRLS & BOYS SOCCER CLINICS - AGES 13 - 16

Please make checks payable to: ORANGE COUNTY COMMUNITY COLLEGE
(Returned checks will be charged a $15.00 fee)

And return to: ATHLETIC DEPT., Attn.: Stacey Morris
Orange County Community College
15 South St., Middletown, NY 10940
Office telephone: (845) 341-4215  (845) 341-4242
(Please call between the hours of 9:30 a.m. and 3 p.m.)

* Health Forms must accompany application form.

SUNY ORANGE SUMMER CAMP HEALTH FORM
(You must complete both sides of this form.)

Camper’s Name: ____________________________
Attending what camp(s): ____________________________

__________________________
__________________________

Please complete the health history and emergency contact information and return this form to the Athletic Department along with your application form. This information is strictly for the use of the Health Center and the Athletic Department and will not be released to anyone without your knowledge and consent.

Last Name of Camper: ____________________________
First Name: ____________________________ Sex: M    F
Name/relationship of person to be notified in case of emergency: ____________________________

__________________________
__________________________

Emergency Telephone Numbers:
Home Phone: ____________________________
Work Phone: ____________________________
Cell Phone: ____________________________

Personal Physician: ____________________________
Physician’s address: ____________________________
Physician’s phone: ____________________________

Authorization for First Aid or Emergency Treatment
I do hereby authorize Orange County Community College to provide first aid treatment and in case of emergency, I authorize the transportation and the treatment necessary by a physician and/or at a hospital. I shall assume any expenses which arise as the result of such treatment.

SIGNED ____________________________
(signature of parent/guardian if applicant under 18 years of age)

This form not valid without signature.