



## St. Mary's Summer Camps 2010

Saint Mary's College Preparatory High School  
51 Clapham Avenue, Manhasset, NY 11030  
Main Office 516 627-2711  
*mattpanetta@stmary.ws*

Session(s) \_\_\_\_\_

(Sport & Dates) \_\_\_\_\_

Name \_\_\_\_\_

Age/Grade \_\_\_\_\_

Address \_\_\_\_\_

Town/Zip \_\_\_\_\_

Phone# \_\_\_\_\_

Emergency Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

### **Make Checks Payable to: St. Mary's High School**

#### **PLEASE MAIL APPLICATION AND PAYMENT TO:**

St. Mary's High School  
c/o Summer Sports Camps/Matt Panetta  
51 Clapham Avenue, Manhasset, NY 11030

All campers are responsible for their own equipment (except Kids All-Sports Camp). Campers may bring their own lunch or order lunch through the camp. Full payment is due upon receipt of this application. No refunds shall be provided due to absences, withdrawals, or dismissal for cause.

I certify that my child is in good health and can participate in the daily activities of the camp. In case of emergency, I grant permission for my child to be given treatment at a local hospital. I release and hold harmless St Mary's High School, St. Mary's Summer Camps and its employees and camp facilities from any blame, demands and causes of actions, including claims and liability for any and all injuries while in camp. I certify that I have read and fully understand the above.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE/ DATE