



## CLEARVIEW SUMMER SPORT CAMPS

ONE WEEK, HALF DAY  
DEVELOPMENTAL SESSIONS  
OFFERED IN  
VARIOUS SPORTS

### CAMP FEATURES INCLUDE:

- A chance to meet and learn from our Clearview coaches and players
- An opportunity to learn sports played at the high school level
- Special area skills development
- Awards for achievement and effort
- Free camp t-shirt
- Low camper to coach ratio
- A personal evaluation report
- Excellent facilities

Please carefully read each camp's description. Choose which camp(s) you would like your child to attend. Then complete the registration form. One form per camper please (copies are accepted). Detach the form and mail it to:

Clearview Summer Sports Camps  
625 Breakneck Road  
Mullica Hill, NJ 08062

Include a check payable to **Clearview Summer Sports Camp, (please do not send cash)**. The fee is **\$95** per week per camper for each half-day camp. If you have any questions, please call 856-223-2722. All applications must be received prior to the start of each camp. All campers are to report and check in fifteen minutes prior to scheduled start time each day at the high school gymnasium main entrance. Campers will be dismissed from this area as well.



Clearview Regional High School District is sponsoring summer camps in various sports that are played at the high school level. These camps are developmental in nature to introduce new athletic experiences to our community's youth and to challenge those that are seeking to strengthen their skills. Each camp is one week long, Monday through Friday, rain or shine. Indoor facilities will be made available during inclement weather. Each camp is run by a Clearview High School coaching staff member and assisted by some of the high school's finest athletes.

<u>Sport</u>	<u>Age Range</u>	<u>Start/Finish Times</u>
Golf	9-14	June 22-June 26, 8:30 am-11:30 am * Campers must supply their own clubs
Boys' Basketball	8-14	June 22-June 26, 9:00 am-12:00 pm
Girls' Basketball	8-14	June 22-June 26, 12:30 pm- 3:30 pm
Field Hockey	10-14	July 6-July 10, 8:30 am-11:30 am *Campers must supply their own shin guards
Boys' Volleyball	8-14	July 6-July 10, 9:30 am-12:30 pm
Girls' Volleyball	8-14	July 6-July 10, 9:30 am-12:30 pm
Baseball	9-13	July 13-July 17, 8:30 am-11:30 am *Campers must supply their own gloves
Tennis	8-14	July 13-July 17, 9:00 am-12:00 pm *Campers must supply their own racquets
Girls' Lacrosse	8-10	July 13-July 17, 9:30 am-12 :30 pm *Campers must supply their own sticks & protective eyewear
Boys' Soccer	7-14	July 20-July 24, 9:00 am-12:00 pm *Campers must supply their own shin guards
Girls' Soccer	7-14	July 20-July 24, 9:00 am-12:00 pm *Campers must supply their own shin guards
Soccer Goalie Camp	7-14	July 20-July 24, 9:00 am-12:00 pm *Campers must supply their own shin guards

### REGISTRATION FORM

Son or Daughter's Name: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_  
 Work Telephone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Present Grade : \_\_\_\_\_ Age: \_\_\_\_\_  
 Emergency Contact Name and Telephone: \_\_\_\_\_

Medical Conditions, Allergies, Medications: \_\_\_\_\_

Directions: Please check each camp you would like your son or daughter to attend and circle his or her shirt size:

<input type="checkbox"/> Golf	<input type="checkbox"/> Girls' Volleyball
<input type="checkbox"/> Boys' Basketball	<input type="checkbox"/> Baseball
<input type="checkbox"/> Girls' Basketball	<input type="checkbox"/> Girls' Lacrosse
<input type="checkbox"/> Field Hockey	<input type="checkbox"/> Boys' Soccer
<input type="checkbox"/> Tennis	<input type="checkbox"/> Girls' Soccer
<input type="checkbox"/> Boys' Volleyball	<input type="checkbox"/> Soccer Goalie Camp

Shirt Size:

Youth Medium	Youth Large	Adult Small
Adult Medium	Adult Large	Adult X-Large

Please use one form for each camper.



As the parent/legal guardian, I hereby give permission for my son/daughter to participate in the Clearview Summer Sport Camp(s). In case of injury to my child, I agree to waive any claims resulting from or in connection with the activities in which my child is a participant. I hereby release, absolve, and hold harmless the Clearview Summer Sports Camps, its director, coaches, staff and the Clearview Regional High School District. I also agree to allow emergency medical treatment to be administered to my child as deemed necessary.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return registration/checks to: Clearview Summer Sports Camp, 625 Breakneck Road, Mullica Hill, NJ 08062  
**Cost= \$95/camp, per child**  
 Checks payable to: **Clearview Summer Sports Camps**  
**Enrollment and payment due by June 12**

