

2024 Runnemede Sports Clinic Registration Form



Child's Full Name:	[Date of Birth	
Address:			
State: Zip: Gende	er: Male	Female	
Grade (As of Fall 2024):	T-Shirt Size:		
Parent/Guardian's Full Name:			
Parent/Guardian's Phone:			
Parent/Guardian's Email:			
Emergency Contacts/Authorized Pick Up) :		
Name:	Relationship: _	Phone):
Name:	Relationship: _	Phone):
**Camps must meet a certain number of and the camp does not	-	-	
Please place a checkmark next to students entering 5th-8th grade in the runs from 9:30 - 12pm. Cost per caschool District) Please return regist	the camp your one fall. Drop Off amp is \$75. (Che	child is attending. /Warm up 9:00am ecks made payable	This is only for n-9:30am. Camp to: Runnemede
Softball Camp July 22-26 (Softball Fields) 5th -8th Grade ONLY		ield Hockey C gust 5 9 (Vol: th-8th Grade (
Soccer Camp July 29 - August 2 (Volz Fie 5th-8th-Grade ONLY		Baseball C uly 22 - 26 (Bel 5th-8th-Grad	nind Wawa)
	etball Camp	vma) ——	