

GRIFFIN SUMMER CAMPS



Make checks payable to "Donovan Catholic" with name of camp in memo section.
Mail to: DONOVAN CATHOLIC Attn: Summer Camps, 711 Hooper Avenue, Toms River, NJ 08753

Individual camp registration forms can also be found on the Donovan Catholic Website:
www.DonovanCatholic.org *click Summer Camp Information & Registration*



Sept. 4-6
Grades 11-12*
5:30pm-7:00pm

A College Essay / Room 410 / Donna Mulvaney / \$150.00
Students will be guided through ten fine prompts, ultimately leaving students with one polished college essay. For more information contact dmulvaney@donovancatholic.org.



August 13-17
Grades 5-9*
9:00am-12:00pm

**Griffin Boys Game Camp II / St. Barbara's Church,
2200 Church Rd., Toms River / \$160.00**
Emphasis on team play, game situations, and sportsmanship. For more information contact Coach Kearney at mkearney@donovancatholic.org.



August 27-30
(raindate Aug. 31)
Grades 7-12*
9:00am-12:00pm

**Boys Baseball Clinic / Whitty Rd. / Head Coach
Corey Hamman / \$150.00 after 7/1 \$100.00**
Newly appointed Head Coach Corey Hamman and the rest of his staff will be conducting a baseball clinic for grades 7-12. The camp will break kids down by age and ability for maximum advancement of their skills. Each day will consist of a different aspect of baseball. For more information contact Coach Hamman at corey.hamman@yahoo.com.

DONOVAN CATHOLIC

SPORTS CAMP MEDICAL INFORMATION FORM (must be submitted)

Name: _____

Sport: _____ Grade in Sept. _____

Date of last physical exam: _____

Since the student's most recent physical exam:

Did your child receive treatment for illness or injury? Yes _____ No _____

Does your child have any restrictions due to injury? Yes _____ No _____

If yes, did the physician give a note of permission to return to sports? Yes _____ No _____

Do you feel that your child is physically able to participate in this sport? Yes _____ No _____

Does your child take daily medications? Yes _____ No _____

Please list: _____

Does your child carry an EpiPen or Auvi-Q for allergies? Yes _____ No _____

If yes, does your child know how to administer it? Yes _____ No _____

What is your child allergic to? _____

Child's Physician: _____

Physician's Phone Number: _____

Parent Signature: _____

Date: _____

Return payment and all forms to:
Donovan Catholic HS, Attn: Summer Camps, 711 Hooper Avenue, Toms River NJ 08753; (732) 349-8801