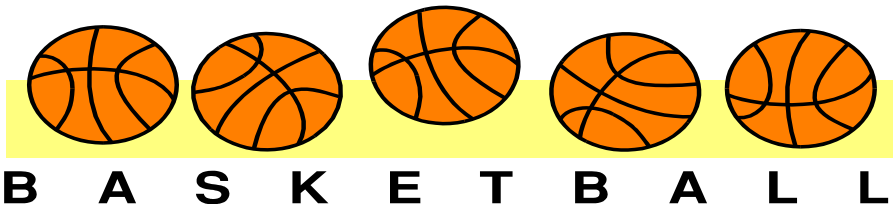


2017

St. Joseph Church Basketball Camp Registration Form



CAMPER:

Name _____ Age _____
 School Attending: _____ Grade _____
 Address _____ City _____
 Zip code _____ Female _____ Male _____

PARENTS:

Name _____ Phone # _____ Cell _____
 Email address _____
 Name _____ Phone # _____ Cell _____
 Email address _____

SHIRT SIZE:

Child

Medium _____
 Large _____

Adult

Small _____
 Medium _____
 Large _____
 X-Large _____
 XX-Large _____

(Detach and keep bottom portion for your records)

Camp Sessions

Girls Camp	Ages 7 – 14	June 12 - 15
Boys Camp	Ages 7 – 14	June 19 - 22

Camp Fee is \$80.00

Camps are from 9:00 a.m. – 3:00 p.m.

Make checks payable to Athletic Association of St. Joseph (AASTJ)

*Bring a light lunch (drinks, chips and candy may be purchased)

*Awards will be presented on Thursday

*Each child will receive a Camp T-shirt and Basketball

- Camp pictures will be taken Monday and may be purchased for an additional fee.
 - They will be ready on Thursday at the awards ceremony

A non-refundable \$10.00 deposit is due by May 15, 2017 with

\$70.00 balance due on the first day of camp

****A late fee of an additional \$10.00 will be assessed after May 15, 2017****

**Please return to: Joe Byrd, St. Joseph Church
 1695 Wallenberg Blvd., Charleston, SC 29407
 843-556-4611**

St. Joseph Programs Medical Information Form

Name of Participant _____

Phone: Home _____ Cell _____

Name, relationship & phone number of person to contact if parent cannot be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medical Information

My child is allergic to the following foods or medications: _____

My child has a medical condition that you should be aware of _____

Name of Physician _____ Phone _____

My child presently takes this medication: _____

You have my permission to give my child the following medication if necessary:

Medication & Dosage _____

Waiver of a Sports Physical (to be completed if the latest sports physical is not available)

My, son/daughter _____ as far as I know is physically fit to participate in the St. Joseph summer basketball camp. I will not hold the Diocese of Charleston or St. Joseph liable for any injuries incurred while participating.

Medical Release

If my emergency contact person or I cannot be reached, please seek medical treatment for my child in an emergency.

Parent's signature

Date