



**ST. JOSEPH CHURCH**  
**BASKETBALL CAMP**  
**REGISTRATION FORM**  
**2018**



Camper Name: \_\_\_\_\_ Age (in September): \_\_\_\_\_  
 Address: \_\_\_\_\_ Female: \_\_\_\_\_ Male: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 School Attending: \_\_\_\_\_ Grade (in September): \_\_\_\_\_

**PARENT/GUARDIAN**

Name: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**SHIRT SIZE**

**YOUTH**

Medium \_\_\_\_\_  
 Large \_\_\_\_\_

**ADULT**

Small \_\_\_\_\_  
 Medium \_\_\_\_\_  
 Large \_\_\_\_\_  
 XLarge \_\_\_\_\_  
 XXLarge \_\_\_\_\_

.....  
**Detach and keep bottom portion for your records**

**CAMP SESSIONS**

Girls Camp	Ages 7 – 14	June 11 - 14
Boys Camp	Ages 7 – 14	June 18 – 21

**CAMP FEE - \$80.00**

**Camps are from 9:00 am to 3:00 pm**

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

A non- refundable **\$10.00** deposit is due by **May 7, 2018**

Balance of \$70.00 due on the first day of camp

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

# St. Joseph Programs Medical Information Form

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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

My, son/daughter \_\_\_\_\_ as far as I know is physically fit to participate in the St. Joseph summer basketball camp. I will not hold 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