



Registration Form – Shiner Catholic School Basketball Camp 2017

Dates: Monday, July 10 and Tuesday, July 11
Age Group: 3rd - 5th grade (2017-2018 school year)
Times: 10 am- 12 pm – 3rd – 5th grade

Camp Fee: \$30 (forms received after June 1 may result in not receiving a camp t-shirt)
Site: SPH gym

Complete the following form and mail to: Cardinal Basketball Camp,
Attention: Coach Dana Beal- Sestak
PO Box 1131
Shiner, TX 77984

Make checks payable to Dana Beal-Sestak

Name:

Address:

City: State: Zip:

T-shirt size: YM YL AS M AL AXL

Age: Grade in August 2017

Parent's/Guardian's Name:

Phone (Home) Wk

Family Doctor's Name:

Family Doctor's Phone #:

Medical Release:

I hereby authorize the staff of the camp to act for me, according to their best judgment, in any emergency requiring medical attention, and hereby wave and release the camp from any and all liability for any injuries or illnesses incurred while at camp.

I have no knowledge of any medical problems or physical impairment that would be affected by the below named camper's participation in the camp program.

The on-site certified coach and the nearest medical facility is hereby authorized to render primary medical care to my daughter during the camp.

Assumption of Risk / Release from Liability

I, the undersigned, as the parent or legal guardian of a minor child, _____ hereby acknowledge that the forenamed child is covered by medical insurance as follows: Insured: _____ Company: _____ Policy Number: _____. It is further understood that Shiner Catholic School does not provide medical insurance covering injuries of any nature incurred as the 2017 Cardinal Basketball Camp. The undersigned hereby releases Shiner Catholic School, its successors, assigns, officers, agents and employees, from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from participation of the a forenamed child in the 2017 Cardinal Volleyball Camp.

Parent Signature _____ Date _____