



Cardinal Basketball Camp

New this year, the Cardinal Basketball camp is for everyone interested in learning and polishing their skills. All camp sessions are open to girls and boys.

**Session 1: June 19-22: 9-12:00
for incoming 1st- 4th graders. Cost \$90**

**Session 2: June 19-22: 1:30-4:30
for incoming 5th-8th graders. Cost \$90**

This fun, skills and games camp is designed with the beginning to intermediate player in mind. Each day will include skill work stations, drills and games appropriate for each age group. Camp sessions will be staffed by current and former St. Joseph coaches and players.

A confirmation notice will be e-mailed (or mailed if e-mail not available) to each camper who completes the following form and returns it with \$90. This is a **non-refundable** registration fee.

For more information contact
Patty Jayne at 360-901-8353.
Or pattyj@stjoevan.org

Make check payable to St. Joseph CYO and send with the attached registration to:

Patty Jayne
St. Joseph Catholic School
6500 Highland Drive
Vancouver, WA 98661

Cardinal Basketball Camp Registration - 2017

PLEASE PRINT:

Participant's Last Name _____ First Name _____

e-mail _____ Grade entering fall 2017 _____

Birth Date ____/____/____ Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work/Cell _____

Emergency Contact (other than parent) _____

Special Medical Concerns _____

Statement of Waiver: I, as a parent or guardian, hereby assume all risks and hazards incidental to the conduct of the activities. I release, absolve, and indemnify St. Joseph School, employees of St. Joseph School, volunteers, contractors and/or sponsors from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I further give permission for proper emergency care to be rendered to my child should I not be available or able to give such permission. As part of this approval, I acknowledge I may have the opportunity to review the premises, and equipment to be used in conducting the activity. I also have the opportunity to discuss with program organizers potential hazards and risks that may be associated with the activities and take responsibility for doing so. Failure to exercise this option indicates my approval and acceptance. Release: I hereby authorize the staff of the Cardinal Basketball Camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the staff of Cardinal Basketball Camp from any and all liability for any injuries incurred by my child while at camp. I have no knowledge of any physical impairment that would be affected by the above named child's participation in this camp.

Signature (parent or guardian) _____ Date _____

Youth Signature: _____ Date _____

By signing this form you agree that you have read and understand the statement of waiver and gym rules.

Please circle the appropriate session: 1 2