

# St. Joseph Church

2010



2010

## B A S K E T B A L L CAMP REGISTRATION FORM

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

**In case of emergency, please contact:**

Name \_\_\_\_\_ Home phone # \_\_\_\_\_ Cell \_\_\_\_\_  
Name \_\_\_\_\_ Home phone # \_\_\_\_\_ Cell \_\_\_\_\_

**Shirt Size:**

	<b>Child</b>		<b>Adult</b>
Small	_____	Small	_____
Medium	_____	Medium	_____
Large	_____	Large	_____
		X-Large	_____
		XX-Large	_____

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Detach and keep bottom portion for your records!

### Camp Sessions

Girls Camp	Ages 7 - 14	June 14 - 17
Boys Camp	Ages 7 - 14	June 21 - 24

**Camps are from 9 am - 3 pm**

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

\*Awards will be presented on Thursday

\*Each child will receive a Camp Tee-Shirt and Basketball

\*Camp pictures may be purchased for an additional fee

\*Camp fee is \$80.00. Make checks payable to: **Athletic Association of St. Joseph**

A non-refundable \$10.00 deposit is due by May 28, 2010

\$70.00 balance is due the first day of camp

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



**ST. JOSEPH PROGRAMS  
MEDICAL INFORMATION FORM**

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Name of Member \_\_\_\_\_

Phone - Home \_\_\_\_\_ Cell \_\_\_\_\_

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

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL INFORMATION**

My child is allergic to the following foods or medication: \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_ Dose \_\_\_\_\_

**MEDICAL RELEASE**

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

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date