

St. Joseph Church

2011

2011



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:

	Child		Adult
Small	_____	Small	_____
Medium	_____	Medium	_____
Large	_____	Large	_____
		X-Large	_____
		XX-Large	_____

Detach and keep bottom portion for your records!

Camp Sessions

Girls Camp	Ages 7 - 14	June 13 - 16
Boys Camp	Ages 7 - 14	June 20 - 23

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 (AASTJ)**

A non-refundable \$10.00 deposit is due by June 1, 2011
\$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**

Name of Participant _____

Phone - Home _____ Cell _____

Name of person, 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 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