

ST. JOSEPH CHURCH



BASKETBALL CAMP REGISTRATION FORM 2021



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 _____

X-Large _____

XX-Large _____

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

CAMP SESSIONS

Girls Camp
Boys Camp

Ages 7 – 14
Ages 7 – 14

June 21 - 24
June 28 – July 1

CAMP FEE - \$90.00

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

A non-refundable \$25.00 deposit is due by **Monday, May 3, 2021.**

(will be refunded if camp is cancelled)

Balance of \$65.00 due on Monday, June 14, 2021.



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

St. Joseph Programs Medical Information Form

Name of Participant _____

Phone: Home _____ Cell _____

Name, relationship & phone number of people 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