



Goretti Boys Basketball Camp 2022

Name: _____ Age: _____ Grade: _____ (Fall 2022)

Address: _____ City: _____

State: _____ Zip: _____ School: _____

Height: _____ Weight: _____ T-Shirt size (Adult:) XS YS YM YL S M L
XL

Email: _____ Parents Name: _____

Emergency Contact #: _____

Check Week(s) Attending:

- All Weeks
- June 20th-23rd
- June 27th-30th
- Aug 8th-11th

I certify to my knowledge, my child has no physical or mental impairments that might be affected by his/her participation in this activity. I certify that my child is covered by personal insurance policy or is included in a policy I have in force. In consideration for the right to participate in this activity at SMGCHS, I do hereby assume all risks and understand that I am responsible for any accidents or injuries incurred or caused by my child during the time of participation and agree to hold harmless SMGCHS, the Athletic Dept, the Archdiocese of Baltimore, or

Parent /Guardian's Signature & Date: _____

Print Camper's Name: _____

Medical Insurance Company Name: _____

Policy # / Group #: _____

Insurance Company Phone #: _____

Insured's Name: _____

Rules: 1. All participants are restricted to gym area with the exception of using the restroom and water fountains. 2. Only individuals with signed release form will be allowed to participate in the activity. 3. Any persona caught doing any type of vandalism will be immediately suspended from activity and will be responsible for damages. 4. No horseplay or profanity.

Participant's Signature: _____

Date: _____