

## SJC PARISH 2025 SUMMER BASKETBALL CAMP REGISTRATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_

GRADE IN FALL 2025: \_\_\_\_\_

GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

SHIRT SIZE: YOUTH: S (6-8) \_\_\_\_\_ M(8-10) \_\_\_\_\_ L(10-12) \_\_\_\_\_ XL(14-16) \_\_\_\_\_

ADULT: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

### PLEASE MARK SESSION(S) YOU ARE REGISTERING FOR:

\_\_\_\_\_ Session I - July 14 - July 18, 2025

\_\_\_\_\_ Session II - July 21 - July 25, 2025

### Parental Consent for Participation

I certify that my child has no injury that would limit his/her participation in the sport camps. I hereby release, exonerate and discharge the camp and the employees from any injuries incurred in camp or on the way to or from camp. I have medical coverage and will be responsible for any medical or other charges related to his/her attendance at camp. I give my permission to attend the SJC Summer Sport camps.

Medical Conditions (?) :

\_\_\_\_\_

\_\_\_\_\_  
Parent Signature Date