

2008 SHORE SHOT APPLICATION - Please Print

Date of Birth _____ Phone #'s _____ E-mail _____

____ Boy ____ Girl Name _____

Home Address _____

City State Zip Code _____

Send Info 1 week in advance of camp to __ Same as above **Or** summer mailing address & phone

Desired Week (s) _____

____ Session 1 June 23-27 ____ Session 2 Summer Saturdays ____ Session 3 July 21-25

____ Session 4 August 4-8 ____ Session 5 August 25-29 ____ Session 6 Fall Saturdays Pre Season

Each Shore Shot Session or Pre Season Clinic is \$160 – All camps for girls and boys age 6-15

Girls and Boys are separated by age in all skill activities

Pay for 2 Sessions Fee: \$320 & receive the Saturday Summer Camp or Fall Pre Season Camp Free- Save \$160

Pay for 3 Sessions Fee: \$480 & receive any two other sessions Free –Save \$320

**Please note: Free Pre Season Camp, Free Summer Saturday Camp, & or Free Session can be used
by any family member !!**

\$25 Administration Fee for same day signups (does not include Saturdays)

Shirt Size ____ Youth Med. ____ Youth Lg. ____ Adult Sm. ____ Adult Med. ____ Adult Lg. ____ Adult XL

Please Note: We do not provide medical or accident insurance. Describe any pre-existing medical conditions we should be aware of:

As parents/guardians of the child, I certify that he/she is in excellent physical health and capable of participating in strenuous activity. I hereby give my approval to his/her participation at the Shore Shot Camp. I agree to waive all claims resulting from or in connection with the activities in which my child is a participant. I hereby release, absolve, and hold harmless the Shore Shot Basketball Camp, its coaches and directors, its members, organizers, sponsors and supervisors from any such claim. I hereby give permission for a representative of Shore Shot to transport my child if necessary for medical attention. I give permission for use of photographs for editorial or promotional purposes.

Please note: School District policy states your child may not participate without signature !

Signature Parent / Guardian _____

**Please mail camp application and checks payable to: Bob Ridgway 479 Court House S. Dennisville Rd.
Cape May Court House, NJ 08210 609-463-0676**

**REGISTER EARLY TO GUARANTEE ENROLLMENT
PHOTOCOPIES OF THIS APPLICATION ARE ACCEPTABLE
SHORE SHOT REFUNDS = FUTURE CAMP SESSIONS**