

# 2010 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 below

\_\_\_\_\_

\_\_\_\_\_

**Desired Week (s)** \_\_\_\_\_ Shore Shot Summer Spectacular All Sessions \_\_\_\_\_

\_\_\_\_ **Summer Saturday Workouts**    \_\_\_\_ **Session 1 July 12-16**    \_\_\_\_ **Session 2 July 26-30**  
\_\_\_\_ **Session 3 August 9-13**    \_\_\_\_ **Fall Saturday Pre Season Workouts**

**Each Shore Shot Weekly Session is \$175 – All camps for girls and boys age 6-16**  
**Shore Shot Summer Saturday Clinic & Fall Pre Season Clinic Fee: \$125 each Walkups Welcome**  
**Girls and Boys are separated by age in all skill activities**

## SHORE SHOT SUMMER SPECTACULAR !!

**Please Note: Pay \$325 & receive all 3 weekly camp sessions along with the Summer Saturday Clinic & Pre Season Clinic -You save an Incredible \$350**

**Shore Shot Staff will give your child over 99 hours of Basketball Instruction for just \$325**

**This incredible savings includes 1 full week session free along with both the Summer Saturday & Fall Pre Season Clinics absolutely FREE ! This offer only available to the 1<sup>st</sup> 100 campers paid in full- Register today !**

**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 South 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**

