

Please Print Shore Shot 2012 Camp Application

Date of Birth _____ **Boy** ____ **Girl** ____

Name _____

Home Address _____

Phone _____

Email Address _____

Send info one week in advance to above address or summer address below

Desired week (s)

____ **Shore Shot Summer and Fall Spectacular \$300 - All 3 Sessions**

____ **Session 1 \$175 July 16-20** ____ **Session 2 \$175 July 30-Aug 3**

____ **Session 3 \$100 Oct. 13, 20, 27, Nov. 3, 10, 17**

Shirt Size ____ **Youth M** ____ **Youth L** ____ **Adult Small** ____ **Adult Medium**

____ **Adult Large** ____ **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 their 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 photography taken of my child 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 make check payable to : Bob Ridgway
479 CHS Dennisville Road, Cape May Court House, NJ 08210
Shore Shot Refunds = Future Camp Sessions
Photocopies of this application are acceptable**

