

COLUMBUS BASKETBALL SUMMER CAMP TEAM CAMP APPLICATION FORM

Camper's Name: _____

Home Address: _____

City: _____ Zip Code: _____

Date of Birth: _____ Male: () Female: ()

Shirt Size: Small () Medium () Large () X Large ()

*Check week(s) you plan to attend:

Week of	Basketball Only 8am- 12 Noon	Full Day 8am – 4pm	Team Camp Weeks of June 16th and 23rd	Rookie Camp 9th and 10th Grades
June 9				<u>July 14</u>
June 16				
June 23				
July 7				<u>July 21</u>
July 14				
July 21				

I/we, the parent(s)/guardian(s) of _____ request that Christopher Columbus High School allow my/our son/daughter to attend the Mini-Camp. To the best of my/our knowledge my/our son/daughter does not have any physical or emotional problems or conditions that would prevent him/her from attending the camp.

I/we hereby release and save harmless Christopher Columbus High School and any and all of its employees from any and all liability arising to my/our son/daughter. I/we give our consent for emergency medical care and accept financial responsibility for such care.

Referred By: _____

Parent(s)/Guardian(s) Signature: _____

Home Phone: _____ Work Phone: _____

Emergency Contact: _____

Home Phone: _____ Work Phone: _____