

**ST. SEBASTIAN ARROWS BASKETBALL SHOOTING CLINIC REGISTRATION**

**Family Last Name:** \_\_\_\_\_

**Name(s) of Child(ren) Participating:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Name of Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent's Names:** \_\_\_\_\_, \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Age of Participant(s):** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Eligibility**

Camp is open to children in grades 7<sup>th</sup> – 12<sup>th</sup>.

**Location**

Camp will take place at St. Theresa Catholic Church, Ashburn, VA.

**Day Camp**

Camp will be held from August 5<sup>th</sup>-9<sup>th</sup> from 9:00 to 12:00 am for grades girls grades 7<sup>th</sup>– 12<sup>th</sup> and 1:00-4:00 pm for boys grades 7<sup>th</sup>-12<sup>th</sup>.

**What to bring**

Campers should wear comfortable athletic attire, good athletic shoes, and a basketball with their family name written on it. They should bring plenty of water and a snack (preferably something healthy).

**Cost**

\$125 (\$100 for each additional sibling.)

**Total cost:** \_\_\_\_\_

Please mail completed registration form and check (payable to Curtis Kasinski) to:

677 Marple Rd.

Winchester VA, 22603

I certify that the individual(s) named above is/are in good physical condition and is/are capable of participating in this St. Sebastian Arrows Summer Basketball Camp. If medical attention beyond first-aid is required, I understand that every attempt will be made to contact me at the emergency number provided. In the event that I cannot be reached in an emergency, I give my permission to the physician selected by the person in charge to secure emergency treatment for my child as named above.

Parent/Guardian signature: \_\_\_\_\_