



Registration Form – Shiner Catholic School Basketball Camp 2018

Age Group: 6th-8th grade (2018-2019 school year)

Date: Wednesday, June 6 and Thursday, June 7

Times: 10:00am-12:00pm

Camp Fee: \$30 (forms received after May 20 may result in not receiving a camp t-shirt)

Site: SPH gym

Complete the following form and mail to: Cardinal Basketball Camp,
Attention: Coach Dana Beal-Sestak
PO Box 1131, Shiner, TX 77984
Make checks payable to Dana Beal Sestak

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

T-shirt size: YM YL AS M AL AXL

Age: _____ Grade in August 2018

Parent's/Guardian's Name: _____

Phone (Home) _____

Wk _____

Family Doctor's Name: _____

Family Doctor's Phone #: _____

Medical Release:

I hereby authorize the staff of the camp to act for me, according to their best judgment, in any emergency requiring medical attention, and hereby waive and release the camp from any and all liability for any injuries or illnesses incurred while at camp.

I have no knowledge of any medical problems or physical impairment that would be affected by the below named camper's participation in the camp program.

The on-site certified coach and the nearest medical facility is hereby authorized to render primary medical care to my daughter during the camp.

Assumption of Risk / Release from Liability

I, the undersigned, as the parent or legal guardian of a minor child, _____ hereby acknowledge that the forenamed child is covered by medical insurance as follows: Insured: _____ Company: _____ Policy Number: _____. It is further understood that Shiner Catholic School does not provide medical insurance covering injuries of any nature incurred as the 2018 Cardinal Volleyball Camp. The undersigned hereby releases Shiner Catholic School, its successors, assigns, officers, agents and employees, from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from participation of the a forenamed child in the 2018 Cardinal Basketball Camp.

Parent Signature _____

Date _____