

SJC Parish Summer Camp Registration Form

Name: _____

Address: _____

City: _____

Home Phone: _____ Emergency Phone: _____

Email: _____

Grade Fall 2009: _____ Gender: Male _____ Female _____

Shirt Size (basketball camp only): Youth: L (10-12) _____ XL (14-16) _____

Adult: S _____ M _____ L _____

Basketball Camp: Session I (3rd-5th) _____ (\$75) (6th-8th) _____ (\$75)

Session II (3rd-5th) _____ (\$75) (6th-8th) _____ (\$75)

Volleyball Clinic: (5th-6th) _____ (\$40)

Parental Consent for Participation

I certify that my child has no injury that would limit his/her participation in the sport camps. I hereby release, exonerate and discharge the camp and the employees from any injuries incurred in camp or on the way to camp. I have medical coverage and will be responsible for any medical or other charges related to his/her attendance at camp. I give my permission to attend the SJC Summer Sport camps.

Medical Conditions: _____

Parent Signature

Date

To register: Return the registration form and fee (checks payable to SJC) to SJC School, Attn: Donna Webster, 708 51st Street, Western Springs, IL 60558
Questions contact: Peavy Wilson (708) 246-8780