

# Saint Mary's High School Boys Basketball Camps 2019

## ROOKIE CAMP

For boys in grades 2-4 (Fall '19)  
June 24-27 11am-2pm  
Camp fee \$120, includes t-shirt.  
(\$100 if paid by June 15)

## INTERMEDIATE CAMP

For boys in grades 7-8 (Fall '19)  
June 24-27 2pm-5pm  
Camp fee \$120, includes t-shirt  
(\$100 if paid by June 15)

## FROSH-SOPH EVENING CAMP

For boys in grades 9-10 (Fall '19) June 3-6  
5:30pm-8:30pm  
Camp fee \$120, includes t-shirt  
(\$100 if paid by June 1)

## YOUTH CAMP

For boys in grades 5-6 (Fall '19)  
June 24-27 8am-11am  
Camp fee \$120, includes t-shirt.  
(\$100 if paid by June 15)

## SHOOTING CAMP

For boys in grades 7-10 (Fall '19)  
June 3-5 3:30pm-5pm  
Camp fee \$60

*Mail to: St. Mary's High School Athletics  
P.O. Box 7247 Stockton 95267  
Or bring to: 5648 N. El Dorado St.*

For more information, please call the athletic office at 957-3340, ext. 108 or [email](#)  
Checks payable to St. Mary's Boys Basketball

**\*\*Please detach, fill out and return with camp fee\*\***

PLAYER'S NAME \_\_\_\_\_ GRADE (Fall '19) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY & ZIP \_\_\_\_\_  
PARENT/GUARDIAN'S NAME \_\_\_\_\_  
PHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_  
PARENT EMAIL \_\_\_\_\_  
CAMP: (Check Choices)  Rookie  Youth  Intermediate  Shooting  F/S Evening  
T-SHIRT SIZE (Check one) Youth:  S  M  L  XL Adult:  S  M  L  XL  
FEE ENCLOSED: \$ \_\_\_\_\_ CHECK # \_\_\_\_\_



I, the undersigned, parent or legal guardian of the above-named player request that my child/ward be allowed to participate in, and give my permission for his participation in those activities described above. I understand that no medical insurance is provided. I authorize the staff of St. Mary's Boy's Basketball Camp to act on my behalf in an emergency requiring medical attention. for the purpose of authorizing and signing any consents for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of nearest Emergency Hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. For the purpose of such treatment I also waive any privacy rights under the Health Insurance Portability and Accountability Act of 1996 (HIPPA)with respect to my child/ward. I hereby release, agree to indemnify and save harmless St. Mary's High School, St. Mary's Basketball Camp and any and all of its staff or employees from any and all liability for any and all harm arising to my child/ward as a result of the activities described above.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_