

SMH 2019 Girls Basketball Skills Camps

June 10-12, 2019

SKILLS CAMP

Players will be grouped by age, skills and ability to work on all aspects of improving their game.

Grade: 3 - 9th Grade
Dates: Monday-Wednesday, June 10 - June 12
Time: 9am - Noon
Cost: \$100(\$120 after June 1)
Place: St. Mary's Morelli Gym

Directed by
Tom Gonsalves

Staffed by
Coaching Staff
Varsity Players

Make checks payable to:

SM Girls Basketball

Mail to:

2435 Summerset Ct.

Lodi, Ca 95242

For more information: contact Tom Gonsalves @ 327-5109

Or email: <mailto:stmarysgirlsbb@yahoo.com>

****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 _____

T-SHIRT SIZE (Check one) Adult Sizes: __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 Girls Basketball Skills Camp to act on my behalf in an emergency requiring medical attention. for the purpose of authorizing and signing any consents for any medical 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 whether such treatment is rendered at the office of said physician or at a 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 Girls Basketball Skills 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 _____