

2017 SHORE SHOT APPLICATION

Name _____

Phone # _____

Age ____ Boy ____ Girl ____ Entering Grade ____

Email for camp info: We try to email camp info

Mailing address: _____

____ Session 1 July 24-28 Fee: \$150 Cape May Tech

____ Session 2 July 31-August 4 Fee: \$150 Stone Harbor

____ Select Both Camps- Save \$50 Fee : \$250

Friday Night Workouts Start June 16 – 82nd St. Stone Harbor

5:30-7 pm Fee: \$20 Signup Each Friday Night

Shirt Size ____ Youth Med. ____ Youth Lg.

____ Adult Sm. ____ Adult Med. ____ Adult Lg. ____ Adult XL

We do not provide medical or accident insurance. Describe any pre-existing medical Conditions we should be aware of. As parents/guardians of the child, I certify that he/she is in excellent physical health and capable of participating in strenuous activity. I hereby give my approval to his/ her participation at the Shore Shot Camp. I agree to waive all claims resulting from or in connection with the activities in which my child is a participant. I hereby release, absolve, and hold harmless the Shore Shot Basketball Camp, its coaches and directors, its members, organizers, sponsors, and supervisors from any such claim. I hereby give permission for a representative of Shore Shot to transport my child if necessary for medical attention. I give permission for use of photographs for editorial for promotional purposes.

Please note: Our Shore Shot Camp Policy states your child may not participate without signature.

Signature Parent/Guardian _____

Please mail camp application and check payable to Bob Ridgway

479 CHS Dennis Rd. Cape May Court House, NJ 08210

609-233-2765

Register early to guarantee enrollment. Photocopies of this application are acceptable

Shore Shot Refunds = Future Camp Sessions