

## 2018 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 16-20 Fee: \$160 Cape May Tech

\_\_\_\_ Session 2 July 30-August 3 Fee: \$160 Stone Harbor

\_\_\_\_ Select Both Camps- Save \$100 Fee : \$270

Includes 2 Skill Workouts

Fri Sat Night Basketball Skill Workouts

Start Fri June 22 – 82<sup>nd</sup> St. Stone Harbor Signup each nite

6-7:15 pm Fee: \$25 2 Workouts \$45 3-\$65 4-\$85 5-\$105

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**