

2020 SHORE SHOT APPLICATION

Name _____

Phone # _____

Age ____ Boy ____ Girl ____ Entering Grade _____

Email for camp info: (We email camp info)

Mailing address: _____

____ Session 1 July 20-23 Fee: \$160 Cape May Tech High School

____ Session 2 August 3-7 Fee: \$160 Stone Harbor Rec

____ Select Both Camps- Save \$95 Fee : \$275 includes 2 Workouts

Fri. & Sat. Basketball Skill Workouts
Register same night of Skill Workout
Multiple Session Discounts

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 = Camp Sessions