

2022 SHORE SHOT APPLICATION

Name _____ Phone # _____

Age ____ Boy ____ Girl ____ Entering Grade ____

Email: We email all camp info: _____

Mailing address: _____

____ Session 1 July 18-21 Mon.-Thurs. ____ Session 2 August 2-5 Tues.-Fri.
Fee: \$160 Cape May Tech HS Fee: \$160 Stone Harbor Rec

____ **Select Both Camps**
Save \$95 Fee : \$275

Includes 2 Skill 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