

2025 Shore Shot Camp/Skill Application

Name _____

Phone # _____ Age ____ Boy ____ Girl ____

Email: We email all camp info: _____

Mailing address: _____

Session 1 July 8-11 (Tue-Fri) Stone Harbor Rec Center 82nd St

Fee: \$175 Time: 12-2:30pm Multiple camp/skill/play discounts

Friday Night Basketball Skill/Play Workouts begin June 20 Stone Harbor Rec

Fee: \$30-50 Time: 6-8pm Website: www.shoreshot.net

Register same night of Skill/Play Workouts coachridgway@gmail.com

Individual/ small group instruction available spring-fall

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