

# 2018 SAINTES

## GIRLS' BASKETBALL CAMP

JULY 16-20, 2018 at ST. ALBERT HIGH SCHOOL

GRADES 3-4-5 FROM 8:00-10:00

GRADES 6-7-8 FROM 10:00-12:00

FEE: \$60. CHECK PAYABLE TO ST. ALBERT HIGH SCHOOL

CAMP DIRECTOR: DICK WETTENGEL

TELEPHONE #: (H) 712 325-0209 (C) 402 594-5220

CUT AND RETURN BOTTOM HALF OF REGISTRATION FORM TO DICK WETTENGEL  
109 MEADOW LANE CO BLUFFS, IA 51503 or send to St. Albert office

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REGISTRATION FORM (MEDICAL RELEASE FORM ON BACKSIDE)

NAME: \_\_\_\_\_ GRADE IN 2018-2019 \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ AGE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PARENT'S EMAIL: \_\_\_\_\_

PERSON TO CONTACT IN EMERGENCY: \_\_\_\_\_

EMERGENCY CONTACT #: \_\_\_\_\_

T-SHIRT SIZE: (CIRCLE ONE) Youth Med YLarge Adult Small AMed ALarge

INCOMING 8<sup>TH</sup> GRADE GIRLS:

STRENGTH TRAINING M-W-F 6:45 A.M.-7:45 A.M. BEGINS JUNE 4

BASKETBALL WORKOUTS FOLLOWING ON W-F UNTIL 9:30

Tuesdays at 10:00

MEDICAL INFORMATION AND CONSENT:

ANY PERTINENT MEDICAL INFORMATION WE SHOULD BE AWARE OF (allergies, diabetes, seizures, medications, head or other injuries, restrictions):

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**I hereby request that you accept this application for enrollment in the Saintes Basketball Camp. I hereby release Coach Dick Wettengel and staff for all claims on account of any injuries which may be sustained while attending camp. I also certify that my daughter is medically fit to participate in the camp.**

Date: \_\_\_\_\_

SIGNED: \_\_\_\_\_