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**Saint Albert Boys Basketball Camp**



 **Saturday & Sunday, June 1 & 2, 2024**

**Grades 3-5 – June 1, 9am-11am, June 2, 2pm-4pm**

**Grades 6-8 – June 1, 11am-1pm, June 2, 4pm-6pm**

**Camp hosted & instructed by Saint Albert Boys Basketball Head Coach,**

**Tim Cannon & Staff**

**Location: Saint Albert HS Gym Cost: $30 – check or cash**

***DEADLINE Friday, May 24 – Please turn forms into the Elementary or MS/HS Office***

**Tear here – Turn in bottom portion with payment**

**Camp Participant Information**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**CITY/ST/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GRADE ENTERING NEXT YEAR: \_\_\_\_\_\_\_\_**

**PARENTS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Camp T-shirt size: Youth: S M L Adult: S M L XL XXL**

**Parent Waiver: I hereby release Saint Albert School from any responsibility and/or damages for any injury resulting from participation in a Saint Albert School camp(s). All participants must carry their own insurance. Saint Albert School does not provide medical insurance for participants. Participants assume the risk of participation at these camps. I authorize camp personnel to treat my child for any injury that may arise during the camp and/or obtain the appropriate medical treatment necessary to treat my child for any medical condition that may arise during camp. This may include authorizing the transport of my child to a hospital or medical care facility.**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name & Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant’s Name & Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**