

Skills Camp Application

Select Camp.	Sel	lect	Cam	p:
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Parent or Guardian Signature Cell Phone	. THY CH	Date Work Phone
	. my Cn	
or physical problems that might affect	. IIIy CII	ind's ability to safely participate in this camp.
may hereafter be presented by my da	ughter	I their employees and agents from any claims, which as a result of any such injuries. I know of no mental
examination, anesthetic, medical or su	urgical	al attention to my daughter. This is to include x-ray, diagnosis or treatment and hospital care. I hereby
•		Basketball Camp to act for me, according to their best
Medical Release:		
be dismissed at 12 pm both day swimming suit and towel for	s. Plea swim llegiat	ust 4th with camp starting at 9am. Camp will ase instruct day campers to bring a one piece ming both days. Elite Camp is geared for te level competition. Please contact Kelsey s at kkeizer@sbuniv.edu .
Special Requests:		
		Position:
Contact Phone: Contact E-Mail:		
Contact Address:		
Age: Parent/Guardian Nam		e (2020-21):
School Name:		- (2020 24):
Camper's Name:		
		No Meals, Includes Swimming (9am-12pm)
□ August 4-5:	\$60	Junior Bearcat Day Camp (Ages 4-10)
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□ August 4-5:	\$60	No Meals (1-5 pm) Shooting Camp (Grade 5-12)
□ August 3:	\$50	Elite Camp (Grade 10-12)