



ST. JOSEPH BRUINS BASKETBALL DAY CAMP



FOR BOYS AND GIRLS GRADES 3RD-8TH

Staffed by Coach West/Coach Howell, Area Coaches, and members of the St. Joseph Girls' and Boys' Basketball Teams

Monday, June 11, 2018 through Wednesday June 13, 2018

Place: St. Joseph Gymnasium in Madison, MS

Time: 9:00 a.m.-12:00 p.m.

Cost \$85.00; includes T-shirt and Awards

Concessions will be sold during camp

Items needed for camp: clothes suitable for playing basketball, a towel, and a desire to learn.

There will be various speakers to assist in the total development of your child.

Make checks or money orders to:

St. Joseph Catholic School

308 New Mannsdale Road

Madison, MS 39110

Or bring application and camp fee to the registration at St. Joe Gym on Monday, June 11 from 8:00a.m.-9:00 a.m. For more information call:

Coach West @ (318)-355-3973 Coach Howell @ (662) -397-4083 or St. Joe @ (601)-898-4800.

Name of Camper: _____

Home Address: _____

City, State, Zip: _____

Phone: (Home): _____

School: _____

For office use: _____

Paid by: _____

(Check one) Check _____ Cash _____ Other _____

Age: _____ Grade: _____ T-shirt: S _____ M _____ L _____ XL _____ XXL _____

In case of emergency call: Name: _____ Pn# _____

Parental/Guardian Statement Release and Consent Form: The undersigned certifies that his/her child is physically fit to participate in the basketball day camp. By signing this form, I, the parent or guardian, do hereby release Coach Samuel West/Coach Michael Howell, coaches and all parties associated with the St. Joseph Basketball Camp from any liability or medical claims my child may acquire while in attendance at said camp. The camp staff has my permission to seek medical attention for my child should the need arise.

Parent or Guardian Signature _____



SUMMER CAMP Informed Consent Form

I hereby give my permission for _____ to participate in the St. Joseph's _____ Summer Camp. Further, I authorize the school to provide emergency treatment of an injury to, or illness of my child, if qualified medical personnel consider treatment necessary. The authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Date _____ Parent or Guardian _____

Address _____ Phone _____

Family Physician _____ Phone _____

Pre-existing medical conditions (e.g. allergies or chronic illnesses) _____

Alternate contact in case of emergency:

NAME _____ PHONE _____

RELATIONSHIP TO STUDENT _____

Medical Insurance Carrier _____

Policy Carrier _____

Policy Number _____

My child and I are aware that participation in _____ is a potentially hazardous activity. I assume risks associated with participation in this sport, including, but not limited to falls, contact with other participants, or other reasonable risk conditions associated with the sport. All such risks to my child are known and understood by me.

I understand this informed Consent Form and agree to its conditions on behalf of my child.

Participant's Signature _____ Date _____

Please return this form with your down payment. Thank you.

CATHOLIC DIOCESE OF JACKSON

St. Joseph Catholic School

Certification of Accident Insurance

As parent(s) or guardian(s) of (name of child) _____, a participant in the St. Joseph Catholic School Summer Programs, we hereby certify that our present insurance policy provides coverage for any accidents which might occur during the activity.

We are aware of the requirement of the Diocese of Jackson that all children must have this coverage. However, we do not choose to use the offered school insurance program because our own insurance will cover our child/children.

I am also aware that the school is not liable for any deductible, out-of-pocket expenses, or other uninsured amounts paid by me or others for medical expenses incurred by my child.

Parent/Guardian Signature: _____ Date: _____

If your child is not covered by Health or Accident Insurance please complete the bottom portion of

My child, _____, a participant in the St. Joseph Catholic School Summer Programs, is not covered by health or accident insurance. I am aware of the requirement of the Diocese of Jackson that all children must have this coverage. I understand that before my child can attend any of the summer programs it will be necessary for me to purchase Supplemental Student Insurance.

The school will make available a low cost Supplement Student Accident Insurance. Pricing details will be available prior to the beginning of the summer programs.

I am also aware that the school is not liable for any deductible, out-of-pocket expense, or other uninsured amount paid by me or others for medical expenses incurred by my child.

Parent/Guardian Signature: _____ Date: _____