

NORTH



BOYS BASKETBALL SKILL CAMP

JUNE 8-11, 2022

TIME: 9:00AM-12:00PM (Grades 2-4) 1:00PM-4:00PM (Grades 5-8)

LOCATION: NCHS Gym **COST:** \$125 (FIRST CHILD) \$85 (ADDITIONAL CHILDREN)

Register by May 15th and receive a shooting shirt

North Catholic High School
Department of Athletics
1617 Route 228
Cranberry Township, PA 16066
www.northcatholicathletics.org





NORTH CATHOLIC HIGH SCHOOL
DEPARTMENT OF ATHLETICS

CAMP APPLICATION

Must be completed for each participating player and returned with full payment by May 15, 2022. Space is limited! Walk up registrations will be accepted on the first day of camp but may not receive t-shirt or basketball. Please print clearly. Questions? Please contact Coach Rocco- 412.613.6603 or northcatholicbasketball@gmail.com

CHILD'S NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: _____ OTHER PHONE: _____

PARENT NAME: _____

PRIMARY EMAIL: _____

SELECT CAMP: ___ RISING 2ND-4th GRADERS (9:00AM-12:00PM) ___ RISING 5th-8th GRADERS (1:00PM-4:00PM)

COST: ___ SINGLE (\$125) ___ MULTI CHILD (\$125 FIRST CHILD/\$85 PER SIBLING)

YOUTH T-SHIRT SIZE: S M L XL

ADULT T-SHIRT SIZE: S M L XL XXL

GRADE ENTERING FOR 2022-2023 SCHOOL YEAR: 2nd 3rd 4th 5th 6th 7th 8th

SCHOOL ENTERING FOR 2022-2023 SCHOOL YEAR:

_____ PARISH:

EMERGENCY CONTACT AND MEDICAL INFORMATION: NAME: _____ RELATIONSHIP: _____ PHONE: _____

PHYSICIAN NAME: _____ PHYSICIAN PHONE: _____

HEALTH INSURANCE CARRIER: _____ POLICY #: _____

ANY MEDICAL CONDITIONS: _____

MEDICAL RELEASE AND PERSONAL LIKENESS WAIVER

The undersigned, being a parent or legal guardian of the child, does hereby affirm that the child is in good health and suffers from no illness, disability, or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved.

Furthermore, the undersigned has no knowledge of any reason the child cannot participate in rigorous physical activity. The undersigned expressly agrees to be responsible for any medical bill incurred in the treatment of any illness or accident. In the event of any such accident or injury, the undersigned hereby consents to allowing any of the camp personnel to procure any medical treatment deemed advisable on behalf of my child or ward without prior consent.

I understand that as a condition on admittance as a camper, the undersigned on behalf of the parents guardians, and on behalf of the applicant/campy, hereby releases North Catholic and all other employees, agents, or volunteers of the camp from any and all liability from injury or illness, mental or physical, suffered by the camper during or related to camp.

North Catholic has my permission to use my child's photograph, video, and audio recordings, likeness, artwork, profile, and/or story in their future publications, web pages, and other promotional materials produced, used by and representing North Catholic. I agree that there will be no compensation to me or my child for this use.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Payment options: Venmo @James-Rocco-13 or check payable to **Jim Rocco** and send with completed registration to: Jim Rocco- 1013 Patrisa Dr Export, PA 15632