



# SUMMER SPORTS CAMP

## 2018 GIRLS BASKETBALL

2018 WPIAL CHAMPIONS—2017 WPIAL CHAMPIONS—2016 PIAA STATE CHAMPIONS



### JUNE 18-21, 2018

**TIME:** 9:00AM-12:00PM (Grades 3-5) 1:00PM-4:00PM (Grades 6-8)

**LOCATION:** CWNCHS Gym

**COST:** \$100

Cardinal Wuerl North Catholic High School  
Department of Athletics

1617 Route 228  
Cranberry Township, PA 16066

[www.cwnchs.org](http://www.cwnchs.org)





# CARDINAL WUERL NORTH CATHOLIC ATHLETICS

## CAMP APPLICATION

Must be completed for each participating camper and returned with full payment by June 5, 2018. Space is limited!  
Walk up registrations will be accepted on the first day of camp. Please print clearly.  
Questions? Please contact Coach Rottmann - 412.996.7504 or [mollyhans@msn.com](mailto:mollyhans@msn.com)

CHILD'S NAME: \_\_\_\_\_

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

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

PRIMARY PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

PRIMARY EMAIL: \_\_\_\_\_

SELECT CAMP: \_\_\_ GRADES 3-5 (9:00AM-12:00PM) \_\_\_ GRADES 6-8 (1:00PM-4:00PM)

COST: \_\_\_ SINGLE (\$100) \_\_\_ MULTI CHILD (\$100 FIRST CHILD/\$80 PER SIBLING)

YOUTH T-SHIRT SIZE: S M L XL

ADULT T-SHIRT SIZE: S M L XL XXL

GRADE ENTERING FOR 2018-2019 SCHOOL YEAR: 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

SCHOOL ENTERING FOR 2018-2019 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 Cardinal Wuerl 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.

Cardinal Wuerl 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 Cardinal Wuerl North Catholic. I agree that there will be no compensation to me or my child for this use.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Make your check payable to **Molly Rottmann** and send with completed registration to:  
Molly Rottmann - 1462 Bretton Way - Pittsburgh, PA 15237

*Determination – Self-Discipline – Sportsmanship*