

**SAINT PETER'S COLLEGE
2009 BASKETBALL CAMP
PERMISSION FORM**

NAME _____ ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ SCHOOL _____

DATE OF BIRTH _____ SEX _____ HEIGHT _____ WEIGHT _____

GRADE IN SCHOOL (9/08) _____

NAME OF PARENT ENROLLING CHILD _____

DAYTIME PHONE NUMBER OF PARENT _____

EMERGENCY CONTACT (IF DIFFERENT) _____

EMERGENCY CONTACT DAYTIME PHONE NUMBER _____

EMERGENCY CONTACT CELL PHONE NUMBER _____

NAME OF FAMILY DOCTOR/PEDIATRICIAN _____

PHONE NUMBER OF DOCTOR _____

EMAIL ADDRESS OF PARENT _____

CAMPER EMAIL ADDRESS (IF DIFFERENT) _____

IT IS UNDERSTOOD BY THE PARTICIPANT AND PARENT/GUARDIAN THAT OUR INSURANCE COVERAGE IS A SECONDARY POLICY. YOU ARE EXPECTED TO USE YOUR OWN HEALTH INSURANCE POLICY IN THE EVENT OF AN ACCIDENT. THE ABOVE NAMED APPLICANT IS IN GOOD HEALTH AND HAS MY PERMISSION TO PARTICIPATE IN THE PROGRAM. I ALSO AUTHORIZE THE DIRECTORS OF THE CAMP TO ACT FOR ME ACCORDING TO THEIR BEST JUDGEMENT IN THE EVENT OF AN EMERGENCY.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

CHECKS SHOULD BE MADE PAYABLE TO **STEPHANIE DEWOLFE**
MAIL APPLICATION AND PAYMENT TO:
ST. PETER'S COLLEGE
WOMEN'S BASKETBALL OFFICE
2641 KENNEDY BLVD. JERSEY CITY, NJ 07306
THANKS! HOPE TO SEE YOU IN AUGUST!