



**June 17-19 • 9:00 am - 11:30 am**

**\$100** (make checks payable to St. Paul's Episcopal School)

**Girls Rising Grades 1 - 6**

This year's camp will be held in The Mitchell Gymnasium on the Campus of St. Paul's Episcopal School. Campers will be instructed on the basics of ball handling, dribbling, shooting form, footwork and team concepts of basketball. Campers should be dressed in athletic shorts and t-shirt, please wear athletic/basketball shoes with non-marking sole. Water will be provided.

### Campers Information

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Medical Release and Health Information

Camper Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

*I give permission for St. Paul's Episcopal School personnel to administer First Aid and/or to provide the appropriate transportation to a medical facility to receive adequate medical care in the event of any injury or illness.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Indemnity Wavier

*I hereby request that you accept this registration for St. Paul's Basketball Camp during the dates set forth in this application. I hereby release St. Paul's Episcopal School and all of its employees from any claims on account of injuries that may be sustained by the participation while attending this St. Paul's Basketball Camp.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Questions?** Contact Head Coach Amanda Niehoff at [aniehoff@stpaulsmobile.net](mailto:aniehoff@stpaulsmobile.net). Registration forms can be returned to school at 161 Dogwood Lane, Mobile, AL 36608 - *Attn: Coach Amanda Niehoff or St. Paul's Girls Basketball*