

JULY CAMP PLAYER INFORMATION

ATHLETE NAME: \_\_\_\_\_

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

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PARENT'S NAMES: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

PARENT CELL PHONE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

CURRENT GRADE \_\_\_\_\_ HIGH SCHOOL GRADUATION YEAR: \_\_\_\_\_

PARENT EMAIL \_\_\_\_\_

ATHLETE EMAIL \_\_\_\_\_

HANDED: RIGHT or LEFT

POSITIONS: OH S OPP MB DS LIB

INSURANCE

Primary Company \_\_\_\_\_

Policy # \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Any health problems that we need to be aware of \_\_\_\_\_

\_\_\_\_\_

PARENT'S LIABILITY WAIVER

I understand that neither Saint Mary's High School, the camp directors nor anyone connected with the camp will assume any responsibility for medical, dental or other expenses incurred as a result of accidents sustained during the camp, or rising from the camp. I hereby waive all claims for damages or loss to my person and property for damage or loss to the person or property of my child as a result of her participation therein.

Parent's Signature \_\_\_\_\_

-----OFFICIAL USE ONLY-----

HEIGHT: \_\_\_\_\_

REACH: \_\_\_\_\_

BLOCK: \_\_\_\_\_

APPROACH: \_\_\_\_\_