

APPLICATION FORM



CAMPER' S NAME _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Grade (entering) _____ Age _____

School _____

Height _____ Weight _____

Contact Person _____ Daytime Phone (_____) _____

Address _____

The 4 day camp will run **Wed June 26 - Fri June 28th 3-6 Grade 1PM-4PM/7-9 Grade 5PM-8PM**

Please make checks payable to: **Bishop Hartley Women' s Basketball**

Adult T-Shirt Size (check One)

_____ Small _____ Medium _____ Large _____ X-Large _____

EMERGENCY MEDICAL FORM

The purpose of this form is to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under our authority, when parents or guardians cannot be reached.

RESIDENTIAL PARENT OR GUARDIAN _____

Mother' s Name _____

Daytime Phone (_____) _____

Father' s Name _____

Daytime Phone (_____) _____

Name of Relative or Childcare Provider _____

Relationship _____

Daytime Phone (_____) _____

Address _____

I hereby give consent for the following medical care providers and local hospital to be called:

DOCTOR _____ PHONE (_____) _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent of (1) the administration of any treatment deemed necessary by the above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child' s medical history, including **allergies, medications being taken, and any physical impairments to which a physician should be alerted**, I have listed below.

SIGNATURE OF PARENT / GUARDIAN _____ DATE _____

Bishop Hartley Women's Basketball Camp
Bishop Hartley High School
1285 Zettler Rd.
Columbus, Ohio 43227

Please place
Stamp
here

Bishop Hartley Women's Basketball Camp



ONLY \$70!



@hartleyhawks

CAMP COSTS

Youth Camp \$65

REGISTRATION

The registration deadline is June 2rd, 2019. After the deadline please contact Donald Dennis at 614-264-1791 for availability. Campers must pay in full at the time of registration on June 26th. To register by mail, complete the camp application and mail to Bishop Hartley High School.

DATES/TIMES

Youth Camp

Wednesday, June 26th through Friday, June 28th

Grades 3-6 1:00pm - 4pm

Grades 7-9 5:00-8:00 PM

FACILITY

The Basketball Camp will be held in the Dick Geyer Gymnasium on the campus of Bishop Hartley High School

ELIGIBILITY

The Youth Camp is open to any athlete entering the 3rd thru 9th grades. This camp is suitable for athletes of all abilities with an emphasis on FUN!

CAMP CONTENT/GOALS

The Youth Camp is designed to introduce the young athlete basketball training techniques and skills. Campers will learn techniques to improve their knowledge and skills in the greatest Team game of basketball. **The goal of the camp is to help prepare student-athletes to be CHAMPIONS in all walks of life!**

REFUND POLICY

A full refund, minus a \$15 cancellation fee, will be issued for cancellation prior to camp.

No refunds will be given once the camp begins regardless of the reason.

FOR MORE INFORMATION

Contact Donald Dennis 614-264-1791 or hartleycoachd@yahoo.com

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