

## **Liability Waiver**

I, the undersigned give permission for my son/daughter \_\_\_\_\_ to participate in the Collegiate's Basketball Camp. We will not hold liable the camp directors, coaches or school for any personal theft or injury sustained while at the camp. I certify that the child is in good health with no medical conditions which would prevent vigorous participation at the camp. As the parent or guardian, I am responsible for any damages to the school property or gymnasium caused by my son/daughter while participating at the camp.

**Parent Guardian signature**

\_\_\_\_\_  
**Date** \_\_\_\_\_

## **St. Catharines Collegiate Basketball Camp**



**August 19<sup>th</sup> -23<sup>rd</sup>**  
**Boys and Girls Ages 7-14**  
**Camp will be run at:**

**EDEN HIGH SCHOOL**  
**535 Lake St.**

**Information:**  
**Camp Fee is \$130.00 per week**

[www.collegiate.ca](http://www.collegiate.ca)

The camp will run from 9am - 3pm.  
Friday, August 23<sup>rd</sup> 9am - 1pm  
August 19<sup>th</sup> - 23<sup>rd</sup>

This Camp will accommodate only **80 campers** from the ages of 7-14, on a first come basis.

Registration includes a reversible jersey, prizes and awards. Awards will be given out on Friday.

Complete application form and fee must be sent to St. Catharines Collegiate.

(Cheques to be made out to “**St. Catharines Collegiate**”)

This is a developmental camp emphasizing skill development through drills, stations, game situations and team play.

Facilities available have the use of 4 gyms.

**Camp Directors:**

**Frank Keltos - SR Girls Basketball Coach**

**Sharon Keltos - St. Catharines Rebels Coach**

**Susan Sentence – Pelham Panthers Coach**

**John O’Connor – St. Catharines CYO Coach**

**JR/SR Girls and Boys Basketball players**

**Application Form**

Please return to the Collegiate ASAP or email it to [frank.keltos@dsbn.edu.on.ca](mailto:frank.keltos@dsbn.edu.on.ca) with cheque to follow

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email : \_\_\_\_\_

Ability Level

(circle one) **Beginner**    **Average**    **Experienced**

Shirt Size Youth S,M,L Adult S,M,L,XL

Phone # \_\_\_\_\_

School/

Grade \_\_\_\_\_

Health Card # \_\_\_\_\_

Emergency Contact and Phone #

\_\_\_\_\_  
Medical Info Allergies/Conditions

\_\_\_\_\_

