



# JSERRA CATHOLIC

## 1<sup>st</sup> – 8<sup>th</sup> Girls Summer Basketball Camp



Come join the fun! Instruction / Fundamentals  
www.JSerra.Org

**Date:** June 25 – 28, 2012

**Time:** Monday – Thursday  
(9:00 – 12:00 PM)

**Location:** JSerra Catholic High School Pavilion  
26351 Junipero Serra Road  
San Juan Capistrano, CA 92675

**Contact Info:** Mary Rossignol  
(949) 212 – 3714 or email: MRossignol@JSerra.Org  
FAX: (949) 276 – 2801 Attn: Mary Rossignol

**Grades:** Girls – 1<sup>st</sup> thru 8<sup>th</sup> graders

**Fee:** \$100.00  
Includes: Instruction / FUNdamental's & Games / Guest Speaker

**Staff:** Program Director / Head Coach Mary Rossignol  
Coach Joe Perry  
Director of Basketball Operations Tony Rossignol



ALL Participants MUST BRING THIS SIGNED RELEASE FORM TO PARTICIPATE

### PARENT RELEASE FORM AND PLAYER INFORMATION

**Athlete's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parents Name:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

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

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical condition we should be aware of:** \_\_\_\_\_

**Emergency Authorization:** I give permission to the medial personnel selected by the camp director to order x-rays, routine tests for my child in the event I cannot be reached in an emergency. I give permission to the physician selected by the camp director to hospitalize, secure treatment for, and to order injection and / or surgery for my child as named on the registration form. I hereby waive and release JSerra Catholic High School and their employees, Mary Rossignol and any of her staff from any and all liability for any injuries or illness incurred while my child is participating in any sport activity associated with basketball teaching including weight training, stretching, drills, and games. I will be responsible for any medial or other charges in connection with my daughter's attendance. I know of no mental or physical problem that may affect my child's ability to safely participate in this program.

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

JSERRA CATHOLIC GIRLS BASKETBALL PROUDLY SUPPORTS:



JSERRA CATHOLIC HIGH SCHOOL  
1<sup>st</sup> – 8<sup>th</sup> Girls Summer Basketball Camp



# JSERRA CATHOLIC

## 1<sup>st</sup> – 8<sup>th</sup> Girls Summer Basketball Camp

Come join the fun! Instruction / Fundamentals  
www.JSerra.Org

**Date:** July 16 – 18, 2012

**Time:** Monday – Wednesday  
(9:00 – 11:00 PM)

**Location:** JSerra Catholic High School Pavilion  
26351 Junipero Serra Road  
San Juan Capistrano, CA 92675

**Contact Info:** Mary Rossignol  
(949) 212 – 3714 or email: MRossignol@JSerra.Org  
FAX: (949) 276 – 2801 Attn: Mary Rossignol

**Grades:** Girls – 1<sup>st</sup> thru 8<sup>th</sup> graders

**Fee:** \$50.00  
Includes: Instruction / FUNdamental's & Games / Guest Speaker

**Staff:** Program Director / Head Coach Mary Rossignol  
Coach Joe Perry  
Director of Basketball Operations Tony Rossignol



ALL Participants MUST BRING THIS SIGNED RELEASE FORM TO PARTICIPATE

### PARENT RELEASE FORM AND PLAYER INFORMATION

**Athlete's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Parents Name:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Medical condition we should be aware of:** \_\_\_\_\_

**Emergency Authorization:** I give permission to the medial personnel selected by the camp director to order x-rays, routine tests for my child in the event I cannot be reached in an emergency. I give permission to the physician selected by the camp director to hospitalize, secure treatment for, and to order injection and / or surgery for my child as named on the registration form. I hereby waive and release JSerra Catholic High School and their employees, Mary Rossignol and any of her staff from any and all liability for any injuries or illness incurred while my child is participating in any sport activity associated with basketball teaching including weight training, stretching, drills, and games. I will be responsible for any medial or other charges in connection with my daughter's attendance. I know of no mental or physical problem that may affect my child's ability to safely participate in this program.

Signature of Parent / Guardian:

Date:

JSERRA CATHOLIC GIRLS BASKETBALL PROUDLY SUPPORTS:



JSERRA CATHOLIC HIGH SCHOOL  
1<sup>st</sup> – 8<sup>th</sup> Girls Summer Basketball Camp

