

**St. Francis School Basketball Camp  
Registration/Information Form**

All campers should dress in loose comfortable clothing (i.e. shorts, t-shirts, and proper tennis shoes). Every student is required to bring a sack lunch each day. Mid-morning snacks and mid-afternoon snacks will be provided every day. At the end of camp, campers will receive a basketball T-shirt.

The one time registration fee of \$75 is non-refundable and not included in the cost of the camp. Each session is \$140 and non-refundable. You may pay by cash, check, or credit card. All checks should be made payable to St. Francis School. The registration form and all fees may be mailed to 300 E. Huntland Dr. Austin, TX 78752, attention Amber Brown.

**Registration Fee \$75 + Session Cost \$140 = Total Cost of \$215 (total fees due April 1, 2014)**  
**Register by February 28<sup>th</sup> and receive \$25 off the registration fee.**

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**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**T-Shirt Size (circle one please) YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL**

**Male** \_\_\_\_\_ **Female** \_\_\_\_\_  
(June 2<sup>nd</sup>-6<sup>th</sup>) (June 9<sup>th</sup>-13<sup>th</sup>) (June 16<sup>th</sup>-20<sup>th</sup>) (June 23<sup>rd</sup>-27<sup>th</sup>)  
**Session 1** \_\_\_\_\_ **Session 2** \_\_\_\_\_ **Session 3** \_\_\_\_\_ **Session 4** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**In the event of an emergency, please notify one of the following, if the parent/guardian is unavailable:**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Parent/Guardian Agreement:**

I fully understand and accept the risks involved in the activities my child will participate in. I agree St. Francis Basketball Camp is released from liability in connection with medical treatment and unavoidable accidents. St. Francis Basketball camp has my permission to use necessary medical measures in the event of an emergency.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_