

St. Charles Catholic Basketball Camp



Name of camper _____ Age _____

Camp Session #1 Ages 8-11 _____ Camp Session #2 Ages 12-15 _____

Name of parent/guardian _____

Contact number _____

Email _____

Person/s responsible for picking camper up each day

I give permission to anyone listed on this form to pick up my child from the SCC Basketball Camp each afternoon.

Parent/Guardian Signature

Date

