

Hoopschool 2017 Basketball Camp at Bishop Verot
INFORMATION SHEET – MEDICAL RELEASE

The undersigned parent or legal guardian stipulates that to the best of their knowledge and belief, the camper named below has no physical or mental problems that would restrict, in any way, his/her participation in the Hoopschool 2017 Basketball Camp at Bishop Verot. The Hoopschool 2017 personnel are authorized to act according to their best judgment in any emergency regarding medical attention.

Camper's Name: _____ Grade Fall 2017: _____

Session Attending: 1 ___ 2 ___ 3 ___ 4 ___

Address: _____ City: _____

Zip Code: _____

Telephone: Home _____ Emergency: _____

T-Shirt Size(circle one) YS, YM, YL, AS, AM, AL, AXL

Date: _____ Signed: _____ (parent or guardian)

E-Mail: (please print neatly) _____

Release: I hereby release and forever discharge any and all rights and claims for damages against Matt Herting and the Hoopschool at Bishop Verot Camp and any Bishop Verot camp or staff member.

Date: _____ Camper: _____ (Print)

Parent: _____ Parent's Signature _____
(print)

All Camps are **\$135.00**

Checks Made out to: **Bishop Verot Hoopschool**

Mail Checks and Forms to:

Bishop Verot High School

c/o Matt Herting

5598 Sunrise Drive

Fort Myers, FL 33919