

TRIBUNES BASKETBALL CAMP APPLICATION*
(Please Print)



Name _____

Street Address _____

City _____ State ____ Zip _____

Phone (____) _____

Date of Birth _____ Age _____

Sex ____ Height _____ Weight _____

Name of Parent or Guardian _____

Emergency Phone (____) _____

Contact name _____

Email Address _____

I will attend the Tribune Basketball Camp the week of:

July 30-August 3 **Ages 7-14**
August 6-10 **Ages 7-14**

NOTE: Please advise of special health conditions
(attach separate sheet.)

Applicant is in good health:
PARENT/GUARDIAN CONSENT

I certify that my child is in good health, and may participate in all camp activities. I acknowledge that I have appropriate medical coverage. In case of emergency, I grant permission for my child to be given emergency treatment at a local hospital.

Parent or Guardian (Please print)

Signature of Parent or Guardian

- Yes, I would like a picture with my coach, or
- Yes, I would like a team picture.

\$7.00 for 8¹/₂ x 11

Make checks for picture payable to Jerry Burns

* The Camp is not responsible for lost or stolen articles.

Basketball Camp

Boys & Girls Basketball Camp



Athletic Department
1000 E. Henrietta Road
Rochester, NY 14623-5780

July 30 - August 3
August 6 - 10

Ages 7-14
Ages 7-14

