

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 8 1/2 x 11

Make checks for picture payable to Jerry Burns

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



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

MONROE COMMUNITY COLLEGE
TRIBUNES

Basketball Camp

Boys & Girls
**Basketball
Camp**



July 30 - August 3
August 6 - 10

Ages 7-14
Ages 7-14

MCC MonroeCommunityCollege