

2019 Saintes Basketball Camp

July 15-19 at St. Albert High School

Grades 3-4-5 8:00-10:00 am

Grades 6-7-8 10:00-12:00

Fee: \$60 Family rate: 2 for \$100 Make check out to St. Albert
Camp Director: Dick Wettengel 712 325-0209 or 402 594-5220

Cut and return bottom half of form to Dick Wettengel 109 Meadow Ln CB, IA 51503
Or to St. Albert 400 Gleason Ave CB, IA 51503 %girls bball

Name: _____ Grade in 2019-20: _____

Address: _____ City: _____

State: _____ Zip Code: _____

School: _____ Age: _____

Home phone: _____ Cell Phone: _____

Email address: _____

Person to contact in case of emergency: _____

Emergency contact #: _____

T-shirt size: ____YM ____YL ____AS ____AM ____AL ____AXL

See backside for medical release

Medical Information and Consent:

Any pertinent medical information we should be made aware of: (allergies, diabetes, seizures, medications, head or other injuries, restrictions)

I hereby request that you accept this application for enrollment in the Saintes Basketball Camp. I hereby release coach Dick Wettengel and staff for all claims on account of any injuries which may be sustained while participating in said camp. I also certify that my daughter is medically fit to participate in the camp.

Signed: _____ **Date:** _____