I hereby give permission for the below named Camper/Athlete to be examined by a trainer or licensed physician for treatment for any injury/illness and to release the below insurance information
Camper's Name
Parent/Guardian Name
Street Address
City/State/Zip
Home Phone
Parent's Work Phone_ List any physical condition that the camp staff should be aware of. (ie.allergies, illnesses, disabilities, etc.)
>>>In case of injury, I understand that I will be contacted during the child's examination. If I am not available, please contact:  Name
Phone
Family PhysicianPhone:
The undersigned assumes full responsibility for any injuries, damages or loss which may occur to Camper/Athlete in, on, or about the premises of By the Bay Basketball camp/Thousand Islands Central School and fully and forever releases and discharges and agrees to hold harmless By the Bay Camp/Thousand Islands Central School, its officers, employees, and agents from any and all claims, demands, damages, rights of action, or causes of action present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in the By the Bay Camp.  Parent or Guardian Signature  Date

Basketball Camp Application
Name:
Age:
Sex: F/M
Address: City: State: Zip:
Phone Number: Grade: (Fall 2023)
T-Shirt Size Adult: S _ M _ L _ XL Youth: S _ M _ L _ XL_
Application by June 2nd for T-shirt Make Checks Payable to: By the Bay Camps Send To: Shannon Amo PO Box 100 Clayton NY 13624
If you have any questions please feel free to call me Shar non Amo $@$ 315-408-8776
Camp Director: Shannon Amo
Camp Location: Thousand Islands High School
Camp Cost: 4-8th \$65 9-12th \$65 Family Pricing: Take \$5 off each additional child
Camp Hours: Grades 4-7 8:30-10:30am Grades 8-12 10:30-12:30pm

## 2023 By The Bay

## **Basketball Camp**



## BOYS AND GIRLS July 24th-27th

Grades 4-12