

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 Physician _____

Phone: _____

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 _____

Please return to:

Shannon Amo
PO Box 100
Clayton, NY 13624
Phone: 315-686-5594 ext. 5640

Basketball Camp Application

Name: _____

Age: _____

Sex: F/M _____

Phone Number: _____

Grade: (Fall 2024) _____

Email: _____

T-Shirt Size

Adult: S _ M _ L _ XL _

Youth: S _ M _ L _ XL _

Camp Directors: Shannon Amo
Camp Location: Thousand Islands High School
Camp Cost: 3rd-12th \$75 per camper

Family Pricing: Take \$5 off each additional child

Camp Hours: Grades 3-6 8:30-11:00am
Grades 8-12 11:00-1:30pm

Registration on facebook under Shannon Amo

2024

By The Bay

Basketball Camp



BOYS AND GIRLS

July 15-18

Grades 3-12