

Bay Head School
Summer Basketball Camp Registration
June 24th-June 28th
Girls: 9a-12p Boys: 12p-3p

145 Grove Street, Bay Head, NJ 08742
732.892.0668

Camper's Name: _____	Grade in September 2019: _____
Street Address: _____	School in September 2019: _____
City: _____	Shirt size: _____
State: _____ Zip : _____	
Parent/Guardian Name(s): _____	Allergies: _____
Parent/Guardian Phone: _____	Medical Problems: _____
Parent E-mail: _____	Current Medications: _____
Emergency Contact: _____	Physician Name: _____
Emergency Contact Phone: _____	Physician Number: _____

I/we release the Bay Head School District, its Athletic program, coaches, and staff from any medical liability for any injuries sustained by my child while participating at camp, realizing that athletics hold the potential for injury, even when the necessary precautions are taken. I grant permission for medical treatment for my child in case of injury and further release the Bay Head School District personnel of any liability in providing such treatment.

Parent/Guardian Signature: _____ Date: _____

For more information please contact:

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(732) 892-0668 x 201
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Shane O'Connor
(832) 892-0668 x 104
oconnor@bayheadschoool.org

Please make checks payable to Bay Head Board of Education for \$275 and mail to:

Bay Head School
Attn: Michele Sierotko
145 Grove Street
Bay Head, NJ 08742