



St. Augustine Saints

SAINTS YOUTH BASKETBALL CLINIC

SAINTS VARSITY BASKETBALL STAFF

6-WEEK BASKETBALL TRAINING

SATURDAY'S FROM 8-9 AM
(NOV. 12 - DEC. 17, 2011)

SAINTS GYM

3266 NUTMEG ST, SD 92104

BOYS AND GIRLS 3RD-8TH GRADE

\$100/6-WEEK SESSION

MAIL FORM: PBC #202

16625 DOVE CANYON #102

SAN DIEGO, CA 92127

QUESTIONS??? CALL 619/850-2209

Camper Name: _____

Parent/Guardian Name: _____

Email Address: _____

Mailing Address: _____

City, Zip: _____

DOB: ____/____/____ School: _____

Payment Enclosed: \$ _____ (checks payable to SAINTS BASKETBALL)

Waiver Information:

By signing this form you, the parent or legal guardian, hereby authorize the coaches of SAHS to act for you according to their best judgment in any emergency requiring medical attention. You hereby grant permission for your son/daughter to participate in the camp and acknowledge that he/she is physically able to participate in clinic activities and hereby waive and release SAHS and all clinic personnel from any and all liability for any injuries or illness incurred while at the clinic.

Sign: _____

Date: ____/____/____

