

St. Rose Girls' Basketball Team Wins Non-Public Title A Sectionals
Check it out!!!!!

https://m.youtube.com/watch?v=Ugc4IxDipeA&feature=youtu.be

Shooters are the RAREST type of player! When you're the best shooter you're:

- The team's first option on nearly every play
- The player other coaches FEAR the most

## Camp Information & Registration

**Camp Director:** *Mary Beth Chambers*St. Rose Girls Varsity Head Coach/Shooting Instructor

Coach: Lauren Bowler -Holmdel HS Asst

Coach/Shooting Instructor

Camp Dates: (Limited to 24 players per

session)

Session 1: July 29 – Aug 1 Session 2: Aug 19 – 22

**Who:** Girls entering grades 5<sup>th</sup>-12<sup>th</sup>

Cost: \$120

**Location:** St. Rose High School

Time: 4-6pm

Please fill out registration below, make checks payable to St. Rose HS Athletics **Mail to:** St. Rose HS Athletics, 607 7th

Ave, Belmar NJ 07719

or email mchambers@srhsnj.com ASAP to

reserve your spot

## Registration

Session(circle one) July 29 - Aug 1 or

August 19-22

Adult t-shirt size: (circle one) S M L XL

Name	AgeGr	rade(Fall 2019)
Address		
Parent(s) Name(s)	Ph	one#
Emergency Contact Information		
Name	Relation	
PhoneEmail address	SS	
Waiver/release: I hereby certify that the applicant is in good physical condition to take part in the basketball camp. If medical attention is required for illness or injury while attending the camp, I give my permission for such care and I certify that the applicant is covered by our medical insurance. St. Rose Girls Basketball Camp Directors, Staff, and the High School are not responsible for payment of medical fees caused by injury incurred while participating in the St. Rose Girls Basketball Shooting Camp. By signing belowl/We, the undersigned for ourselves, our heirs, executors and administrators, waive, release, and discharge St. Rose High School, its staff, officers, agents, employees, representatives, successors and assigns of and from all rights and claims for damages, injuries, or loss of person or property, which may be sustained or occur during participation in camp/clinic activities or while at camp whether or not damages, injuries, or loss is due to neglect. I grant the camp the right and permission with respect to the photographs. video that may be taken of my child(ren) or which may be included with others. The camp withholds the ability to use, re-use, and republish, in whole or in part, individually or in conjunction with other photo/video, in any medium and for any purpose whatsoever, including (but not always by limitation) illustration, promotion, advertising, and trade.		
Parent/Guardian Signature	Parent/Guardian Print	Date