

Revised DEMATHA BASKETBALL CAMP - 2024 REGISTRATION FORM



Please complete and mail to:

DEMATHA BASKETBALL CAMP
HEAD COACH MIKE G. JONES, III
4313 MADISON STREET
HYATTSVILLE, MD 20781

Camper _____ Shirt Size: _____
(Last Name, First Name)

Please Circle: BOY or GIRL Birthdate ___/___/___ Grade (Fall '24) _____

Current School _____

Home Address _____

City _____ State _____ ZIP _____

Guardian Name _____

Best Contact Number _____

E-mail Address (PRINT NEATLY) _____

List Relatives (if any) Attending same session(s) _____

List Medication (if any) and Reason for Use _____

Select Session(s) Attending:

_____ Session #1 June 17th – June 20th (cost \$240) _____ Session #4 July 15th – July 19th (cost \$300)
_____ Session #2 June 24th – June 27th (cost \$240) _____ Session #5 July 22nd – July 26th (cost \$300)
_____ Session #3 July 8th – July 12th (cost \$300)

Cash, Check, or Money Order Only--Payable to: **DeMatha Basketball Camp**

I hereby state that my child meets medical standards for participation in a basketball camp. I also understand that DeMatha Catholic High School, the Trinitarian Order, and the camp coaches/staff assume NO responsibility and shall NOT be held liable for any accidents and/or injuries resulting from my child's participation in the DeMatha Basketball Camp. Furthermore, I give DeMatha Basketball Camp permission to seek emergency medical treatment if necessary for my child on my behalf. I also acknowledge that my child has sufficient medical insurance/coverage.

Parent/Guardian Signature _____ Date ___/___/___