

Greenwich Camp January 20th 2012	
Return form with payment to:	
SHS, LLC	
P.O. BOX 1465, RIDGEWOOD, NJ 07451-1465	
Make checks payable: SHS, LLC	
NAME:	
ADDRESS:	
CITY:	
STATE:	ZIP:
PHONE:	
CELL:	
EMER. PHONE:	
E-MAIL:	
AGE:	SCHOOL:
CHECK GRADE:	
<input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	
<input type="checkbox"/> January 20th	
\$85	
WAIVER:	
<p>I hereby authorize the staff of Greenwich Basketball Camps to act for me according to their best judgment in any emergency requiring medical attention for my child, if I cannot be contacted. In consideration of acceptance of my child, I hereby for myself, my child, their heirs, executors and administrators hold harmless, waive and release any claim we may have for damages against the above mentioned organizations, camp operators, their officials, officers, employers or representatives, or their successors and assigns for any and all injuries that may be suffered. I certify that I am parent/guardian of:</p>	
<p>and I am over the age of 18 years. I further agree that the above named parties are under the obligation to provide a physical examination or other evidence of a child's fitness to participate in this program, the same being my sole responsibility.</p>	
SIGNATURE OF PARENT/GUARDIAN	DATE
<p><i>I attest that my child is in sound condition to participate in all activities. I understand by signing this waiver any or all refunds will come in the form of league credit.</i></p>	

FOR MORE INFO, PLEASE CALL 201.652.4477

GREENWICH Basketball Camp

**February 20th @
Carmel Academy
270 Lake Ave
Greenwich CT**

9:00am - 1:00pm

**For Boys & Girls
Entering Grades K - 7**



\$85

Contact:

201-652-4477

email to reserve spot: staff@greenwichbasketball.com