



SAN GERONIMO VALLEY COMMUNITY CENTER



BOBCAT BASKETBALL CAMP REGISTRATION FORM

**Monday, July 22 – Thursday, July 25
9 am - 12 noon**

For boys and girls entering 3rd through 8th grade

Camper's Name _____ Age/Grade _____

Parent/Guardian Name _____

Mailing Address _____ City _____ Zip _____

Home Ph. _____ Work _____ Cell _____

Email _____

Dr. Name & Phone _____

Medical/physical conditions/ including allergies _____

The following person(s) are authorized to pick up my child at the end of camp or in emergency:

Emergency/Alternate Contact _____

Emergency/Alternate Contact _____

Credit Card/Visa/MC/Other _____ Exp. Date _____

Amount to be charged _____ Check # _____ Check Amt _____

Pay online at sgvcc.org or make checks payable to SGVCC. Memo - Bobcat Basketball Camp and mail to:
San Geronimo Valley Community Center P.O. Box 194, San Geronimo, CA 94963

I give permission to the San Geronimo Valley Community Center to use my child's photograph for future promotional material, including but not limited to websites and brochures. Names will not be used with the photographs.

The San Geronimo Valley Community Center or Staff may not be held liable for any injury my child may sustain while attending the SGVCC Bobcat Basketball Camp. As a parent or guardian, I give my permission for my child to receive emergency medical treatment if I cannot be reached.

Signature _____ Date _____