



## Strojny Basketball Academy

Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent or Guardian \_\_\_\_\_  
 Phone (Home) \_\_\_\_\_ Cell) \_\_\_\_\_ (Work) \_\_\_\_\_  
 School Attending (18-19) \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Cell \_\_\_\_\_  
 Email: \_\_\_\_\_

Please select from the following sessions:

Session 1 July 15— 19 8:30—Noon (Cost: \$125.00 / \$225.00 for session 1 and 2

Session 2 July 15-19 1:00-4:30 (Cost \$125.00 / \$225.00 for session 1 and 2

Session 3 July 29—Aug 2 8:00— Noon (Cost \$125.00) (Shooting Academy)

Bundle package: all 3 session s for \$300.00

3 ways to register:

Online at

Mail form and payment to Stephen Strojny 100 Shipley, Laf, La. 70503

Walkup registration the morning of camp

### PARENTAL CONSENT

I hereby give written permission for my child to attend The Strojny Basketball Academy. As a parent/guardian, I do hereby authorize the treatment of a qualified and licensed medical doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life cause disfigurements, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

I also authorize for my child to be photographed and for those photos to be used by the camp for various reasons such as advertising.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

There are certain risk and dangers involved in some school activities. The school is not responsible for any injury or property damage claims, liabilities, damages and suits which may emanate from circumstances and/or activities beyond the control of St. Thomas More Catholic High School, it's employees, agents or representatives.



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