



Summer Camp 2011 Registration Form

Camper Name: _____ Age: _____ School: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____ Email: _____

Emergency Contact: _____ Phone: _____

WAIVER OF LIABILITY:

I agree that I will not hold Northshore Sportsplex, NSBBTC or Charles Tracey responsible for any injuries sustained or illness contracted while a participant at or on the premises of Northshore Sportsplex or NSBBTC, LLC.

Parent/Guardian signature: _____ Date: _____

Camp Hours: 9am – 3pm (M-F) ♦\$130 Per Session ♦\$15 (1x) Registration Fee ♦\$80 Deposit per session

Clinic Hours: 4pm – 6pm (M-F) ♦\$160 Per Session ♦\$80 Deposit per session ♦ **Aftercare:** \$6hr (M-F)

SUMMER CAMP AND SKILLS CLINIC SESSIONS

- | | |
|--------------------------------------|--------------------------------------|
| ____ May 30 – June 3(Summer Camp) | ____ July 4 - July 8 (Shooting Camp) |
| ____ 4:00-6:00 SKILLS CLINIC | (Ages 11 – 15) |
| ____ June 6 – June 10 (Summer Camp) | ____ July 11 – July 15 (Summer Camp) |
| ____ 4:00-6:00 SKILLS CLINIC | ____ 4:00 – 6:00 SKILLS CLINIC |
| ____ June 13 – June 17 (Summer Camp) | ____ July 18 – July 22 (Summer Camp) |
| ____ 4:00-6:00 SKILLS CLINIC | ____ 4:00 – 6:00 SKILLS CLINIC |
| ____ June 20 – June 24 (Summer Camp) | ____ July 25 – July 29 (Summer Camp) |
| ____ 4:00 – 6:00 SKILLS CLINIC | ____ 4:00 – 6:00 SKILLS CLINIC |
| ____ June 27 - July 1 (Summer Camp) | ____ Aug 1 – Aug 5 (Summer Camp) |
| ____ 3 x 3 Tournament | ____ 3 x 3 Tournament |

NorthShore Sportsplex Facility: 278 General Patton Ave, Suite 500 | Mandeville, LA 70471

For more information contact Gigi Troncoso at 985•789•5210 | gigi@northshoresportsplex.com

MAIL ALL PAYMENTS WITH REGISTRATION FORM TO: 563 Greenluster Dr. Covington, La 70433