

2010 Viking Basketball Camp

For boys Entering grades 5-9 in the Fall of 2010

Day Camp June 28th to July 1st

Boys Entering Grades 5-9

9:30 a.m. - 2:30 p.m.

@ St. Joseph's The Worker



Concerns: Please register as early as possible or by **May 31st**.

Age Grouping: Boys will be grouped according to age and ability. The following age groups are designed to compete against each other. Teams will be mixed with age groups and skills.

Staff: The Viking coaching Staff, and current Viking players.

Cost: \$150.00 or \$125 each for multiple player families.
Team camp price \$125

Fee Includes: Camp T-shirt, Lectures, 4 Days of Clinic

Lunch: Campers will need to bring their lunches. Please do not pack glass containers. Drinks may be available to purchase at camp locations.

Additional Information: you will receive confirmation, directions, and more detailed information after your applications and payment has been received.

Contact: Coach Daniel Eddinger (484) 358-0917 dbe0@yahoo.com or eddinge@allentowncity.org

(Return this form with Payment)

2010 Viking Basketball Clinic Registration

9:30 a.m. – 2:30 p.m.

Please check the appropriate boxes:

_____ Day Camp June 28th – July 1st Boys Entering Grades 5-9th - @St. Joes (\$150)

Player's Name: _____

School Grade for Fall of 2010: _____

T-Shirt Size: XL L M S (circle one)

Home Phone: () _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Primary Parent/ Guardian Name: _____

Work Phone: _____ Cell Phone: _____

Informed Consent & Release Authorization For Emergency Treatment

I hereby authorize the staff of the Viking Basketball Clinic to act for me in accordance with their best judgment in any emergency requiring medical attention and I hereby waive and release the clinic, staff, Bishop John Barres, Allentown Central Catholic High School, St. Joseph's The Worker School, and the Diocese of Allentown from any and all liability for any injuries incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above name child's participation in the clinic program, and attest that my son has been declared physically fit by a doctor to be able to participate in the Viking Basketball Clinic. I have read and understood, and agree to the Informed Consent and Release Authorization outlined in this brochure as it relates to my son.

Parent or Legal Guardian Signature: _____ Date: _____

Insurance Co: _____

Policy No. _____ Agreement No. _____

Payment must accompany Registration Form:
Clinic

Mail to: Viking Basketball

Make Checks payable to:
Daniel Eddinger

C/O Daniel Eddinger
2019 Rolling Meadow Dr.
Macungie, PA 18062