

**2008 CCHS Boys Basketball RamCamp and Rookie League  
for Grades 8 and 9**

Please print this page, complete the form below and send it along with a check (payable to CCHS Boy's Basketball Grades 8 and 9 Camp) to: Central Catholic High School, 2401 SE Stark St., Portland, OR 97214 Attn: Rick Potter.

**No Refunds after June 1, 2008.**

**Camp Registration for Session 1 Closes on June 17, 2008**

**Camp Registration for Session 2 Closes on June 24, 2008**

**Registration is complete and you are confirmed for the camp when payment is accepted. If the camp is full your payment will be returned.**

<b><u>2008 CCHS Boys Basketball RamCamp and Rookie League for Grades 8 and 9</u></b>	
<b>Name:</b>	
<b>Mailing Address:</b>	
<b>City, State, Zip:</b>	
<b>Home Phone:</b>	
<b>Height:</b>	
<b>Grade Fall 2008:</b>	
<b>Fall 2008 School:</b>	
<b>E-Mail:</b>	
<b>Mother's Name:</b>	
<b>Father's Name:</b>	
<b>T-Shirt Size:</b>	
<b>I plan to attend :</b>	
<b>Session 1: June 23-26 _____ Session 2: June 30-July 3 _____ (Cost for RAMCamp only: \$100)</b> <b>Rookie League _____ (Cost for Rookie League only: \$45)</b> <b>(Cost for both RAMCamp and Rookie League: \$130)</b>	
<b>Insurance Carrier:</b>	
<b>Policy Number:</b>	
<b><u>Insurance Release Form</u></b>	
<p>I hereby authorize my child's participation in the Central Catholic Boy's Basketball RAMCamp and/or Rookie League. I know of no mental or physical problems which may affect my child's ability to safely participate. I understand that my child must have current medical insurance before he can attend RAMCamp or Rookie League. Neither I, nor my child will hold Central Catholic High School or its boy's basketball camp staff liable for injuries or expenses relating to injuries while my child is at the camp or league.</p>	
_____ <b>Signature (Parent or Guardian)</b>	_____ <b>Date</b>
_____ <b>Signature (Participant)</b>	
<b>In case of emergency please notify:</b>	
<b>Name:</b> _____	
<b>Phone Number:</b> _____	
<b>Relationship to Player:</b> _____	