

# COACH ART LEARY'S SLAMMA-JAMMA BASKETBALL CAMP

WEBSITE: [www.slamma-jamma.com](http://www.slamma-jamma.com)



LOCATION: \_\_\_\_\_

DATES: \_\_\_\_\_

FULL OR HALF DAY: \_\_\_\_\_

FOR MORE INFORMATION, CONTACT: Al Carfora at 203-627-8399 or Art Leary at 203-676-1314

**FREE SHIRT! FREE BALL!**

## ***Detach***

Make check payable to "Slamma-Jamma Basketball Camp" Complete form, sign, and mail to:

Slamma-Jamma Basketball Camp  
PO Box 469  
Branford, CT 06405

### **Camper Information (PLEASE PRINT)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Grade entering this September \_\_\_\_\_

City \_\_\_\_\_ Session Attending \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Gender: Boy \_\_\_\_\_ Girl \_\_\_\_\_

Allergies/Health Concerns \_\_\_\_\_

T-Shirt Size (circle one): Youth Large Adult Small Adult Medium Adult Large

### **Parent/Guardian Information (PLEASE PRINT CLEARLY; EMAIL USED TO SEND CONFIRMATION)**

Name \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Address \_\_\_\_\_ Policy # \_\_\_\_\_

City \_\_\_\_\_ Home Phone \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact Phone \_\_\_\_\_

The above named youth is physically fit to participate in the Slamma-Jamma Basketball Camp. I authorize the Directors of the Slamma-Jamma Basketball Camp to act for me according to their best judgment in an emergency requiring medical attention other than that maintained by the camp for which services I shall pay.

**Signature of Parent / Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_