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# ◆ St. Mary's Chargers ◆

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Summer, 2009

## Joe Stitt Basketball Camp



**Presented by:** St. Mary's Athletic Commission  
**Staff:** Judy Blair and Jake Lantz, HS NCL Coaches of the Year  
**Place:** Brook Park Rec Ctr, Corner of Holland and Engle Rds.  
**Dates:** *Girls* — June 17-19, *Boys* — June 24-26  
**Times:** Grades 3-5, 8:30-11:30 a.m.  
Grades 6-8, 12:30-3:30 p.m.  
**Cost:** 60. Registration forms can be mailed to  
Joe Stitt Basketball Camp, 11656 Cooper's Run,  
Strongsville, Ohio 44149 (Make checks payable to  
St. Mary's Athletic Commission.)  
**Instruction:** Campers will be grouped according to age and  
skill level.  
**Information:** Call (440) 268-0788 Tim Meehan, Camp Director  
e-mail: [TIM@meehanslawnservice.com](mailto:TIM@meehanslawnservice.com)  
OR Rose O'Boyle at (440) 572-1061 [momcoach6@aol.com](mailto:momcoach6@aol.com)

**ALL CAMPERS WILL RECEIVE A T-SHIRT AND BASKETBALL!**

**Stitt Basketball Camp Registration    Make checks payable to St. Mary's Athletic Commission**

Player's Name \_\_\_\_\_ Circle One:    Male                  Female  
T-shirt size (circle one):    **Youth** Lg    **Adult** Sm Med Lg XL  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Player's Age \_\_\_\_\_ Player's Grade, Fall 2008 \_\_\_\_\_  
Player's School, Fall 2008 \_\_\_\_\_  
Parent's Names \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Family Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_  
Family Dentist \_\_\_\_\_ Dentist Phone \_\_\_\_\_  
Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

***I hereby authorize the staff of the Joe Stitt/St. Mary's Basketball Camp to act for me according to its best judgment in any emergency requiring medical attention. I hereby waive and release the Joe Stitt/St. Mary's Basketball Camp, St. Mary's Parish, and the diocese of Cleveland for injuries incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program.***

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**