

SPARTAN BASKETBALL CAMP APPLICATION 2019

Camper's Name: _____

Male Female

Address: _____

City: _____ State: ____ Zip: _____

E-mail: _____

Home Phone: (____) _____

Parent's Work or Cell Phone: (____) _____

Grade (next year): ____ Age: ____ School: _____

Height: ____ Weight: ____ Position: _____

Session(s) to be attended:

June 10-14 (1:15-5PM)

June 17-21 (1:15-5PM)

June 24-28 (1:15-5PM)

All 3 sessions

T-Shirt Size:

Youth S M L

Adult S M L XL

(Please circle size)

Please send me ____ additional brochures for my friends.

**For further information, call (661) 252-1658 or
visit our website: www.SpartanBasketballCamp.com**

The "early-bird" registration fee of \$190.00 per session is currently being accepted.

Make your check or money order payable to "Spartan Basketball Camp."

Mail to: Spartan Basketball Camp, P.O. Box 2853, Canyon Country, CA 91386

or visit our website: www.SpartanBasketballCamp.com.

Informed Consent and Release Authorization for Emergency Treatment Form

As the parent or legal guardian of the child named on this application, I hereby give my full consent and approval for my child to participate as a member at this Basketball Camp.

I understand that there are certain risks of injury inherent in the practice and play at this camp, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating at this Basketball Camp and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization of this Basketball Camp, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the basketball camp and the activities incidental thereto, whether the result of negligence or any other cause. In the case of an emergency, I authorize the staff at this Basketball Camp to obtain medical treatment for my child.

Please list any physical limitation (allergies, hearing, sight, etc.): _____

Parent/Guardian Signature: _____ Date: _____