LEGARZA BASKETBALL CAMP

Developing Youth Through Basketball Since 1989

2011 Camp Application

1. Camp Information

Location _____ Camp Dates _____

❑ Morning 8:15 am - 12 noon (1 session) ❑ Afternoon 1:15 pm - 5 pm (1 session) ❑ All Day 8:15 am - 5 pm (2 sessions)

2. Player Information

Name _____

Grade in September 2010 _____ School _____ School District _____

❑ M ❑ F Return Camper? ❑ Yes ❑ No (If Yes, skip to Parent 1 Name)

Medical conditions or medications _____

3. Family Information

Address _____ Home Telephone _____

City _____ Zip _____ Email **(required)** _____

Parent 1 Name _____ Contact Phone #1 (work/cell number) _____

Parent 2 Name _____ Contact Phone #2 (work/cell number) _____

4. Conditions for Enrollment

1. I hereby authorize the directors of Legarza Basketball to act for me according to their best judgment in any emergency requiring medical attention. I have no knowledge of any physical impairment that would be affected by the above named inparticipation in the program. And I hereby waive and release Legarza Basketball from any and all liability for any injuries.

2. For my child's safety I agree to drop off and pick up my child in the gym.

3. The undersigned parent or guardian consents to the use of any photographs of the player(s) to be used in advertising or promotion.

4. Legarza Basketball reserves the right to dismiss any player whose conduct is unsatisfactory. Legarza Basketball is for well-adjusted players who treat others with respect and value each player's right to a positive experience.

Parent/Guardian Signature _____ Date _____

5. Camp Costs

Please check which price applies: ❑ 3-day - $140 per session | ❑ 4-day - $160 per session | ❑ 5-day - $190 per session

Total Sessions: _____ Total Cost: _____

6. Payment

1. If paying by check, make check payable to **Legarza Basketball Camp.** Check # _____

2. If paying be credit card, enter credit card information below.

Credit Card # | | | | | | | | | | | | | | | | Expiration Date Month | | Year | | |