

REGISTRATION FORM 2017

CAMPER NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

EMAIL _____

PARENT / GUARDIAN(S) _____

PHONE(____) _____ **ALT.#**(____) _____

PARENT CELL#(S)(____) _____ (____) _____

D.O.B ____/____/____ **AGE** _____ **SEX** _____ **HEIGHT** _____

GRADE IN FALL _____ **SCHOOL** _____

Camp T-Shirt Size: (Check One)

Child: S ___ M ___ L ___

Adult: S ___ M ___ L ___ XL ___

TOTAL AMOUNT \$ _____ **CHECK #** _____

**** EARLY BIRD REGISTRATION (Postmarked by July 5th)****
\$125.00

MAKE CHECKS PAYABLE TO:
SABC – Camarillo Basketball Academy

PLEASE SEND THIS REGISTRATION FORM AND A CHECK TO:
Camarillo High School
Attn: Michaeltoe Smith
4660 Mission Oaks Blvd.
Camarillo, CA 93012

MEDICAL WAIVER

We the undersigned, hereby certify that I (we) am (are) the parent(s) or legal guardian of the camper. I hereby give my permission for the staff of the SABC Camarillo Basketball Camp to seek during the period of the camp appropriate medical attention and treatment.

I/We the undersigned, for ourselves, our heirs, executors and administrators, waive, release, and forever discharge the SABC Basketball Camp and its staff, officers, agents, employees, representatives, successors, and assign from any and all liability claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during participation in camp activities of while at camp. All campers must have their own medical coverage. Campers will not be allowed to play unless the following information is submitted and the form signed by the parent(s) or guardian of the camper.

DATE: ____/____/____

PARENT/GUARDIAN
SIGNATURE _____

PARENT/GUARDIAN
SIGNATURE _____

EMERGENCY PHONE #'S _____

ANY MEDICAL CONDITIONS () YES () NO
IF YES, PLEASE GIVE DETAILS:

