Primetime Ballers

SPRING CAMPS REGISTRATION FORM

Ages 9-14 $40 each day or $70 for 2 days

PLEASE PRINT CLEARLY.

Athlete's name: _____**Date:** _____

Date of Birth: _____ **Age**: _____ **Grade**: _____

Athlete's Address: _____

City: _____ **State**: _____ **Zip Code**: _____

Athlete's Current School: _____

Father's Names: _____

Home Phone #: _____ **Cell Phone #**: _____

Email Address: _____

Mother's Name: _____

Home Phone #: _____ **Cell Phone #**: _____

Email Address: _____

Permission and Liability Waiver

As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my child.

I agree to hold the Primetime Ballers harmless for any injury that may result from activities in the Fall Camp. I, the parent assumes all risks and hazards incidental to the conduct of the Primetime Ballers Fall Camp activities.

I also give my permission for the Primetime Ballers Basketball Program to publish, copyright, or use all films and photographs in which my child is included for any exhibitions, displays, web pages and publications without reservation or compensation.

Signature of parent or guardian _____

Make checks payable to: Primetime Ballers
Online payment through VENMO: www.venmo.com/primetimeballers
Email completed registration to: PrimetimeBallers@cox.net