

TRUE HOOPS BASKETBALL CAMP

Mon – Thurs. July 15-18, 2019

Rehoboth Sports and Fitness Center

REGISTRATION FORM

Camper Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Grade going to be in: _____

Home Phone Number: _____ Emergency Phone Number: _____

Parents Name/or Guardian: _____

Session: Grades 1-2 Grades 3-4 Grades 5-6 Grade 7 Grade 8 Grades 9-12

Waiver Release:

I/We _____ (Parent/Guardian Name) give my permission for my child _____ (Camper Name) to participate in True Hoops Basketball Camp. I understand all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify and hold harmless Rehoboth Christian School, Kalamazoo 2 Rehoboth, Adrian Pete, Natalia Pete and anyone associated with the Basketball Camp/Session from any claim out of any injury to my child. I/We assume all risks and responsibilities with our child during participation of the basketball camp. As a Parent/Guardian I will allow any pictures to be used for promotional pictures or newspaper articles and understand that this camp has is voluntarily and allow my child to attend and participate.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____

Does your child take any medications? _____ If so, what type? _____

Any food allergies? YES OR NO

If yes, please note: _____

True Hoops Basketball Camp is a project of Adrian and Natalia Pete dedicated to reaching the youth in the surrounding areas and reservations. It is a faith ministry. Its continuation and success are dependent upon faithful support of friends, churches, and organizations. Thank you.