

**TRUE HOOPS BASKETBALL CAMP**  
**Mon – Thurs. July 16-19, 2018**  
**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

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**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.*