



Student-Athlete Name \_\_\_\_\_  
Last First Middle

Student-Athlete Address:

\_\_\_\_\_  
\_\_\_\_\_

Student-Athlete Date of Birth: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Student-Athlete School: \_\_\_\_\_ Year \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Telephone:

Home \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Emergency Contact: Name

\_\_\_\_\_ Relationship \_\_\_\_\_

Team Hurricane Holiday Camp, December 18 - December 22, 2017 (Check Your Choice):

Full Day Camp 8:30am - 4:30pm (Morning & Afternoon Sessions) \$250 \_\_\_\_\_

Half Day Camp (Afternoon Session) \$50 \_\_\_\_\_

*Forms of payment: Cash, wire transfer check or money order made out to  
Team Hurricane Basketball Academy*

*Pavment due upon acceptance into camp*



### **PARENTAL CONSENT**

Consent is hereby given by the undersigned for the participation of

\_\_\_\_\_ (Child's Name) in the Team Hurricane Holiday Camp. I have adequate medical coverage and insurance and give my son/daughter permission to attend Team Hurricane Holiday Camp and we (or I) agree to indemnify the Team Hurricane Basketball Academy, its sponsors, training volunteers for any claim which may hereafter be presented by our (or my) son/daughter as a result of any such injuries. In addition, our (or my) son/daughter understands all the rules and regulations of the Team Hurricane Holiday Camp and promises to conform to them.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_