

**2017 BEST HOOPS Basketball Camp Application**

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height. \_\_\_\_\_ Weight. \_\_\_\_\_ Grade Sept. 2017 \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Home PH \_\_\_\_\_ Cell PH \_\_\_\_\_ EMail \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Other Contact Information \_\_\_\_\_

**IMPORTANT:** If the camper has a medical condition of which BEST HOOPS Basketball Camp needs to be aware, please specify on the back of this application and (Circle) YES or NO as well.

(Circle) the BEST HOOPS Camp(s) You Plan To Attend: JULY 17-21 . JULY 24-28 . JULY 31-AUG. 4

\*\*\*Minimum \$40. Camp Deposit required for each camp week. \*\*\*(\$10. Cancel Fee per Applicant)

Camp Session One: JULY 17-21 . Camp deposit due June 24th. Balance due on July 5th.\*

Camp Session Two: JULY 24-28 . Camp deposit due by July 1st. Balance due on July 12th.\*

Camp Session Three: JULY 31-AUGUST 4 . Camp deposit due by July 8th. Balance due on July 19th.\*

<u>BEST HOOPS Camp Fees:</u>	<u>First Child</u>	<u>Second Child</u>	<u>Third Child</u>
One BEST HOOPS Week	\$210.	\$185.	\$175.
Two BEST HOOPS Weeks:	\$395.	\$360.	\$340.
Three BEST HOOPS Weeks:	\$570.	\$525.	\$495.

**REGISTRATION - WAIVER - DECLARATION**

I, the parent / guardian of the registrant, a minor, agree that the registrant and I will abide by the conduct of the BEST HOOPS Basketball Camp. Recognizing the possibility of physical injury, associated with basketball and in consideration for BEST HOOPS Basketball Camp accepting the registrant for its basketball camp program and activities, I hereby release and discharge the BEST HOOPS Basketball Camp, their assignees, coaches, their employees, including the owners of the basketball facilities used for their programs, against any claims by or on behalf of the registrants as a result of the registrant's participation in the programs. I confirm the registrant is in good health and is able to participate in the physical activity of a vigorous program. In the event of injury or sickness BEST HOOPS Basketball Camp has my permission to provide medical first aid, which I also hereby authorize. I authorize use of player photos on the camp's website or in newspapers.

PARENT/GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_

Signature/Relation

PLEASE MAIL COMPLETED APPLICATION & CHECK TO: BEST HOOPS BASKETBALL CAMP

c/o COACH STEVE CESERETTI . 27 WELLSRING DRIVE . CRANSTON, RHODE ISLAND 02920

FOR OFFICE USE: DEPOSIT/PAYMENT \_\_\_\_\_ CHECK \_\_\_\_\_ DATE \_\_\_\_\_ BALANCE \_\_\_\_\_

PAYMENT \_\_\_\_\_ CHECK \_\_\_\_\_ DATE \_\_\_\_\_ BALANCE \_\_\_\_\_

PH: 401-463-6490 . EMail: besthoops@email.com . WEB: besthoopsbasketballcamp.com