

DESTINED FOR GREATNESS BASKETBALL CAMP REGISTRATION FORM

Camp is open to girls and boys in 4th through 12th grade

- Session 1: November 19th,**
- Session 2: November 20th**
- Session 3: November 21st**
- Session 4: Skills Camp**

Player's Name _____	Player's Age _____
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Address _____	City _____	State _____	Zip _____
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Day Phone _____	Mobile Phone _____	Email Address _____
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Camper's Age _____	Camper's Grade in the Fall _____
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Mother's Name _____	Father's Name _____	Stepmother's Name _____	Stepfather's Name _____
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Check # _____	Amount Paid _____	<i>note: Make checks payable to Destined For Greatness Basketball</i>
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Amount paid: \$ _____ Payment made by: _____ Relation to camper: _____

Emergency Contact's Name _____

Emergency Phone _____

 Does the Player Have Asthma? (Circle One) Yes No

 In case of emergency, do you want the clinic directors to seek medical care? Yes or No (Circle One)

Physician _____ Phone _____

LIABILITY WAIVER: I am aware that participation in Destined For Greatness Basketball Camp has some inherent risks, and injury can occur. On rare occasions, these injuries can be serious. In consideration of my child being allowed to participate in the Destined For Greatness Basketball Camp, I, the parent/guardian, assume the risk of all injury and agree not to sue Destined For Greatness, the camp directors, coaches, facilities of use, or volunteers for any and all injuries caused by or resulting from participating in the Destined For Greatness Basketball Camp. By signing this waiver, I also authorize the use of pictures of the above-named participant to be posted on the Destined For Greatness Basketball web site or advertising media published by Destined For Greatness Basketball.

Parent/Guardian Signature _____

Date _____