



**Atlantic Coast Basketball Camp Registration Form**



**AT THE DOOR REGISTRATION IS ALWAYS WELCOMED!**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Ht: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Skill Level (Circle)    Beginner                      Intermediate                      Advanced

Week(s) of camp you are attending this summer: \_\_\_\_\_

Tuition Amount: \$ \_\_\_\_\_



**Medical Information**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Allergies to Medication: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_

Other Medical Information: \_\_\_\_\_



**Medical Waiver**

As parents/guardians of the child, I certify that he/she is in excellent physical health and capable of participating in strenuous activity. I hereby give my approval to his/her participation at the Atlantic Coast Basketball Camp. In case of injury to my child, I agree to waive all claims resulting from or in connection with the activities in which my child is a participate. I hereby release, absolve, and hold harmless Atlantic Coast AAU Basketball, L.L.C., its coaches and directors, its members, organizers, sponsors, and the supervisors from any such claims. Also, in the event of an emergency, I hereby give permission for a representative of the Atlantic Coast Basketball Camp staff to transport my child for the necessary medical attention.

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

NOTE: We will pro-rate the tuition if registering after the first day of the specific week of camp. Tuition is due in full with registration form(s). No tuition refunds. Mail all registrations forms and make check(s)/ money order(s) payable to:

Ryan Staiger  
767 South First Road Hammonton, NJ 08037  
Call for information or questions: (609) 385-5856