



2018 Boys Summer Basketball Camps Registration / Waiver Form

Player Name: _____ Entering Grade: _____

Parent Name: _____ Best Phone: _____

Email Address: _____

Alternate Emergency Contact: _____ Best Phone: _____

I, the undersigned give permission for my child to participate in Fellowship Academy Summer Basketball Camp. This authorization shall waive, release and resolve Fellowship Academy and its staff from any and all liability from injury and or illness incurred by the player, parent, sibling, or spectator. I give the staff permission to act on my behalf, according to their best judgment, in any emergency. I also certify that the above applicant has no physical problems or disabilities which would impede him from participating in Fellowship Academy Summer Basketball Camp.

I understand that the following fee is due in full by the due date listed:

2nd – 5th Grade

DATE: June 5 - 8

TIME: 9:30 am to 12:00 pm ****REVISED TIME****

COST: \$100 ~ DUE Thursday, May 31, 2018

Make checks payable to: Marcus Simmons

6TH – 8th Grade

DATE: June 5 - 8

TIME: 12:30 pm to 3:00 pm ****REVISED TIME****

COST: \$100 ~ DUE Thursday, May 31, 2018

Make checks payable to: Marcus Simmons

**** SUMMER SPECIAL OFFER ****

**BRING A FRIEND
(WHO DOES NOT ATTEND FELLOWSHIP ACADEMY)**

COST ~ TWO FOR \$150

Signature of Athlete

Date

Signature of Parent/Guardian

Date

Fellowship Academy Office Use Only

Date: _____

Payment: Cash Check # _____

Total Amount Paid: _____