

Chris "Handles" Franklin Presents...

**THE ULTIMATE SPIN**  
BASKETBALL CAMP

August 7, 2017 – August 10, 2017

REGISTRATION/WAIVER FORM

Date of birth (MM/DD/YY) \_\_\_\_\_ Age \_\_\_\_\_

**Child's Information**

Grade for 2017-2018 School Year \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone

Sex: M or F

\_\_\_\_\_  
Child or Adult S M L XL  
t-shirt size (please circle adult or child)

**Parent or Guardian Information**

\_\_\_\_\_  
Mothers Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Address (If Different)

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip

\_\_\_\_\_  
Fathers Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Address (If Different)

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip

\_\_\_\_\_  
Emergency Contact (If parents are unavailable)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship to Child

I, the undersigned parent or guardian of the registrant, a minor child, grant permission for my above mentioned son/daughter to participate in the Ultimate Spin Basketball Camp at Susquehanna Township Middle School. By signing this form I acknowledge that the camp is a voluntary activity, and I understand that Susquehanna Township Middle School or Handles Entertainment does not carry medical insurance for my child. He/she is covered by a personal medical insurance policy that we have.

\_\_\_\_\_  
Medical Insurance Company

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

\_\_\_\_\_  
Group Number

\_\_\_\_\_  
Name of Policy Holder

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By signing this waiver, the participant camper and his/her parent/guardian voluntarily release and discharge the officials, volunteers, workers, directors, coaches, Handles Entertainment and Susquehanna Township Middle School from all liability for any injuries suffered while participating in this event or it's related activities, and further from any loss or damage to personal property by theft, negligence, or otherwise.

Furthermore, I give permission to Handles Entertainment and or it's agents to photograph, videotape, and/or sound record my son/daughter during the camp presentation and retain and distribute the resulting products, as Handles Entertainment requires. I hereby waive any right to inspect or approve the finished videotape, soundtrack or printed matter that may be used in conjunction therewith.

Every participant and his/her parent/guardian must read and sign this waiver before participating in the Ultimate Spin Basketball Camp. We acknowledge, by signing, that we accept the terms and conditions of this waiver.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Players Signature

\_\_\_\_\_  
Date

\*Email address: \_\_\_\_\_

\*Mail to: Ultimate Spin Camp  
C/O Chris Franklin  
2412 Chestnut St.  
Harrisburg, Pa 17104