

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

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