



# NOT YOUR AVERAGE BASKETBALL CAMP

NYABC Program 2017  
Player Registration Form  
November 5<sup>th</sup> & November 12<sup>th</sup> (10:00 am – 11:00am)

\$25 – 1 day session  
\$40 – 2 day session

## PLAYER INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

(5 yrs. and older preferred)

T-Shirt Size (adult):  S  M  L Gender:  Female  
 XL  2XL  3XL  Male

## EMERGENCY CONTACT INFORMATION:

Mother's Name: \_\_\_\_\_ Mother's Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Phone: \_\_\_\_\_

Other(s) Name: \_\_\_\_\_ Other(s) Phone: \_\_\_\_\_

## RELEASE INFORMATION:

*I, the undersigned, on behalf of myself and the child I am hereby registering, am aware of and understand the dangers inherent in basketball. Risks include, but are not limited to, injury due to falls, collision, or illness. I voluntarily release and hold harmless OCO, NYABC, Costa Mesa HS, volunteers, and coaches from and against any liability. I understand this waiver is binding upon the participant's heirs and dependents as well as me.*

Parent/Guardian Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

