



Be A Champion Basketball Camp

For boys and girls entering the
5th – 9th grades.

When:

Summer 2010

Where:

Holy Trinity Center

999 Brotherhood Way
San Francisco, CA 94132
www.holytrinitysf.org

Individual Registration

For children who want to attend and don't mind being placed on a camp team at random.
This option is preferred and most participants will sign-up under this category.

Cost: \$125/session/individual

Team Registration

For children who want to sign-up with their school or travel team.
They will participate in drills and games as a team.
Minimum 6 kids per team.

Cost: \$100/session/teammate

Mail Application Form on Page 2 With Payment To:

Be A Champion Basketball Camp

2024 14th Avenue
San Francisco, CA 94116
(415) 759-7925

www.beachampion.org

then menu Our Programs, Health and Fitness, Basketball Camp

Refund Policy: The Be A Champion Basketball Camp will only offer refunds for cancellations if requested 30 days prior to the start of the selected camp session(s). There is a non-refundable administrative fee of \$50 per camp participant. Exceptions will be handled on a case-by-case basis.

Confirmation: Upon acceptance of the application into our program, a confirmation letter with detailed information about check-in times, locations, directions, and what to bring will be sent to you before camp starts. We will contact you immediately if there is a problem getting into a camp.



APPLICATION FORM

Registration Type:
(Please check box)

- Individual** (\$125/session)
 Team (\$100/session/teammate)

Team Name: _____

Player Information

Child's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Entering Grade: _____ Gender (M/F): _____

Medical Conditions/Medications: _____

Parent/Guardian Name: _____ Phone: _____

Address (if different): _____ City: _____ State: _____ Zip: _____

Email: _____ Mobile: _____

(Write additional Parent/Guardian information on back of form.)

Desired Camp Sessions

#	Dates	Times (<input checked="" type="checkbox"/> desired dates/times)			Type
1	June 21-25	<input type="checkbox"/>	1:00 pm	~ 4:00 pm	(Co-Ed)
2	June 28-July 2	<input type="checkbox"/>	1:00 pm	~ 4:00 pm	*Guard Skills (Co-Ed)
3	July 12-16	<input type="checkbox"/>	1:00 pm	~ 4:00 pm	(Co-Ed)
4	July 19-23	<input type="checkbox"/>	1:00 pm	~ 4:00 pm	*Shooting Camp (Co-Ed)
5	July 26-30	<input type="checkbox"/>	1:00 pm	~ 4:00 pm	(Co-Ed)

Terms for Enrollment

- I hereby authorize the directors of Be A Champion Basketball Camp to act for me according to their best judgment in any emergency requiring medical attention. I have no knowledge of any physical impairment that would be affected by the above named in participation in the program. And I hereby waive and release Be A Champion Basketball Camp from any and all liability for any injuries.
- For my child's safety, I agree to drop off and pick up my child in the gym on time.
- The undersigned parent or guardian consents to the use of any photographs of the player(s) to be used in advertising or promotion.
- Be A Champion Basketball Camp reserves the right to dismiss any player whose conduct is unsatisfactory. Be A Champion Basketball Camp is for well-adjusted players who treat others with respect and value each player's right to a positive experience.

THIS APPLICATION FORM MUST BE SIGNED BY THE PARENT/GUARDIAN: My child has my permission to attend the BE A CHAMPION BASKETBALL CAMP. Enclosed is the enrollment fee based on the option(s) selected above. I understand that the BE A CHAMPION BASKETBALL CAMP, Kareem Guilbeaux, or anyone associated with the camp does not assume responsibility or liability for accidents, medical, dental, or any other expenses incurred as a result of attendance at this camp.

Parent/Guardian Signature

Date

(Please make a copy for your records.)