

Sly Park Basketball School

**REGISTRATION FORM: FOR BOYS & GIRLS IN GRADES 5 THROUGH 12.
EACH SESSION ENROLLMENT LIMITED TO ONLY 130 PLAYERS.**

Print form and mail with your deposit to:

Sly Park Basketball School
1480 Oak Hill Way
Roseville, CA 95661
(916) 782-3845

Name _____ School _____ Grade as of 9/2021 _____

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ Email (optional) _____

Age _____ Height _____ Weight _____ Referred by _____

Tuition fees: [___] Resident (housing & all meals)

Tuition Information (Includes dorm housing and all meals):

Boys "Early Bird"	December 1 - April 30	<u>\$495.00</u>
Boys "Regular"	May 1 - June 22	<u>\$525.00</u>
Girls "Early Bird"	December 1 - May 31	<u>\$495.00</u>
Girls "Regular"	June 1 - July 6	<u>\$525.00</u>

Check session desired:

- [___] Tuesday, June 15 - Saturday, June 19 (Boys Only - 5 Days/4 Nights)
[___] Tuesday, June 22 - Saturday, June 26 (Boys Only - 5 Days/4 Nights)
[___] Tuesday, July 6 - Saturday, July 10 (Girls Only - 5 Days/4 Nights)

My player and I agree to the regulations of Sly Park Basketball School.

ENCLOSED IS HALF THE TUITION AS A DEPOSIT FOR A RESIDENT. I understand the deposit is not refundable after June 1, 2021 without a doctor's note. Special arrangements for tuition payments can be made upon request.

Refund policy: Players who cancel their registration or for any reason are not able to transfer their registration to other players. Your tuition, less a \$75 processing and cancellation fee, will be completely refunded if you call or write to cancel your enrollment before June 1st.

I authorize the School Directors or Trainer to obtain medical attention for my player if he/she is injured or becomes ill while at school. I have insurance covering my player in case of an accident or injury.

(Signature of Parent or Guardian)

Overnight camps: I would like to room with:

DON'T WAIT TO ENROLL! BRING A TEAMMATE!

Sly Park Basketball School

Medical Release/Liability Waiver/Publicity Release

DOCTORS WILL NOT TREAT MINORS WITHOUT WRITTEN PERMISSION FROM PARENTS, THEREFORE, IT IS NECESSARY THAT THE FOLLOWING STATEMENT IS FILLED OUT COMPLETELY AND SIGNED IN CASE OF AN EMERGENCY.

1st Boys Session _____ 2nd Boys Session _____ Girls Session _____
(June 15-19/Tues.-Sat.) (June 22-26/Tues.-Sat.) (July 6-10/Tues.-Sat.)

Name of Player _____ M ___ F ___ Age _____ Birth date _____

Parent(s) or Legal Guardian(s) _____

Mailing Address _____

Daytime Telephone (____) _____ Evening Telephone (____) _____

Insurance Plan _____ Insurance Plan # _____

Medical Release: In case of illness or injury, SLY PARK BASKETBALL SCHOOL / SLY PARK CONFERENCE CENTER has my permission to procure medical treatment for the above-named minor. As parent or legal guardian, I understand that I am required to have medical insurance for my son and/or daughter and that SLY PARK BASKETBALL SCHOOL / SLY PARK CONFERENCE CENTER does not provide medical insurance or reimbursement for medical fees, deductibles, or charges arising from illnesses or injury that may occur.

Liability Release: The undersigned hereby releases SLY PARK BASKETBALL SCHOOL / SLY PARK CONFERENCE CENTER, its owners and employees, from any and all liability for all loss or damages as well as any claim or demands on account of injury to person or property, arising from participation or involvement in activities associated with camp. The undersigned is fully aware of the inherent hazards and assumes all risk of loss, damages or injury that may be sustained by the above-named minor's voluntary participation in camp activities.

Publicity Release: Permission is hereby granted to use photos of, quotes and likenesses of the previously mentioned camper in brochures, flyers, newsletters, surveys, radio ads, and videotapes for marketing purposes by and for Sly Park Basketball School.

(Signature of Parent or Guardian)

Date