



SAMUEL T. HINES 2005 BASKETBALL CAMP Registration Form



Location: Crabapple First Baptist Church, Alpharetta, Georgia

Dates: July 4-19, 2005 Time: 8:30am - 4:00pm Who: Boys and Girls Ages: 8-18

Instructors: coaches, professional, college, high school athletes

Deadline: may 31, 2005 Contact Number: 678-334-0014

**Complete form; make check payable to "Securing A Mind Foundation, inc.", mail to
3070 Windward Plaza, suite f-121, Alpharetta, Georgia 30005**

STUDENT'S FULL NAME: _____ **DOB:** _____

ADDRESS: _____

PHONE # (hone): _____ **(work)** _____

Height: _____ **Weight:** _____ **Age:** _____ **Gender: M () F ()** **Jersey Size: S - M - L - XL**

Years Previously Played On An Organized Team:

Ex: School _____ **Recreation Department** _____ **Boys & Girls Club** _____ **Others** _____

School Attending: _____ **Grade:** _____ **G.P.A.** _____

How did you hear about the program?

Radio _____ **Church** _____ **Friends** _____ **TV** _____ **Newspaper** _____ **Other** _____

Mother's Name _____ **Phone** _____

Father's Name _____ **Phone** _____

Parent/Guardian: How would you evaluate your child's ability to play basketball?

Good _____ **Fair** _____ **Excellent** _____

Parent Authorization

I hereby authorize the directors and/or employees of the Samuel T. Hines. Basketball Camp to act for me according to their best judgment in any emergency requiring medical attention. If my child is accepted into the Samuel T. Hines. 2005 Basketball Camp, I, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damage, which my child may have or which hereafter accrue to them against Samuel T. Hines. 2005 Basketball Camp, its respective officers, agents, representatives, successors, and/or assigns; for any and all damages which may be sustained or suffered by them in conjunction with their association with or participation in and/or rising out of their travelling to or returning from Samuel T. Hines. 2005 Basketball Camp. I know of no mental or physical problems that may affect my child's ability to safely participate in the camp activities. It is my understanding that the camper's family's insurance company provides primary coverage. I will be responsible for any and all medical or other charges in connection with my child's attendance at this Camp.

Applicant agrees that all photographs and/or video footage taken during camp activities may be utilized for promotional purposes, including website content. I have read and understand the conditions of this registration.

Parent/Guardian

Signature Print Parent/Guardian

Date