



[Application for American kids]



Samuel Hines 2005 International Basketball Camp

Location: Crabapple First Baptist Church, Alpharetta, Georgia
Dates: July 5-16 Who: boys and girls
Time: 8:30am-4:00pm Attire: Dark shorts/white t-shirt
Lunch will be provided

In addition to learning fundamental basketball skills, campers will have the opportunity to hear from motivational speakers, community leaders, and athletes will share their life experiences with the campers. More than 18 campers are coming from Italy to attend the camp and to mix it up with our American kids. Why don't you join us for two exciting weeks of basketball?

Registration fee: CFBC and ALCC members: \$300.00
Non-members: \$400.00

As a bonus opportunity, the group will travel on July 7th to Charlotte for a WNBA game. If possible, campers may have an opportunity to meet the players on the court and take pictures. The additional cost for this event is \$60.00.
Any assistance needed please call **678-334-0014**

DEADLINE: JUNE 15, 2005

NAME: _____ MALE _____ FEMALE _____ AGE _____

ADDRESS _____

TELEPHONE _____ E-MAIL: _____

CIRCLE: member \$ _____ non-member \$ _____

Make check payable to Securing A Mind Foundation

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