

# Registration Form

(Please check the box of the camp you wish to attend)

## JUNIOR Camp

- Session 1 Girls (Grades 1st-5th)
  - Session 2 Boys (Grades 1st-5th)
- Cost: \$60 for early registration  
(\$75 after 6/1/10)

## SKILLS Camp

- Session 3 Girls (Grades 6th-8th)
  - Session 4 Girls (Grades 9th-12th)
- Cost: \$125 for early registration  
(\$150 after 6/1/10)

Camper Name: \_\_\_\_\_

Phone Number: (      ) \_\_\_\_\_

School Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Grade Entering: 1 2 3 4 5 6 7 8 9 10 11 12  
(circle one)

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

Date of Birth: \_\_\_\_\_  
Month Day Year

Cell/Work Phone: (      ) \_\_\_\_\_

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

Shirt Sizes: (please check one)  
 Youth Medium    Youth Large    Adult Small    Adult Medium  
 Adult Large    Adult XLarge

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

### Emergency Contact Information

In case of an emergency, when a parent or guardian cannot be reached, please list the name of someone who has permission to act on the camper's behalf.

Alternate Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

**Cancellation and Refund Policy**—A full refund will be given for cancellations received before June 22, 2010. A full refund will only be given for cancellations received on or after June 22, 2010, if cancellation is due to injury/illness and is accompanied by signed physician's statement. **No refunds will be given to any request made after camp begins.**

## Payment Information

Please make checks payable to:  
Dream Makers Basketball, LLC

Mail your check to:  
Dream Makers Basketball, LLC  
Lisa Shepherd-Stidham  
P.O. Box 255  
Fishers, IN 46038

The image shows a check from Dream Makers Basketball, LLC. The check number is 2400. The date is blank, and the year is 2010. The amount is \$2400.00. The check is payable to John Doe. The MICR line at the bottom is 1 22105278 6724301068 2400.

## Photo & Medical Release

### Photo Release

I give permission and consent to allow photographs to be taken of my son and/or daughter during Dream Makers Basketball camp session activities. I further give permission and consent that any such photographs may be published and used by Dream Makers Basketball to illustrate and promote the camp experience, Dream Makers Basketball and its services.

Parent or Guardian Signature X \_\_\_\_\_

Date \_\_\_\_\_

### Medical Authorization and Release of Liability

Dream Makers Basketball and staff are not responsible for any lost or damaged valuables, nor are they responsible for any illness or injury sustained during camp. My child has my permission to participate in all camp activities. In the event of illness or injury requiring emergency medical attention and I cannot be contacted, I hereby authorize the camp staff to act for me according to their best judgment. I understand that by signing this, I forever relieve the Dream Makers Basketball Camp and staff of any responsibility for any illness or injury that may occur during camp.

Parent or Guardian Signature X \_\_\_\_\_

Date \_\_\_\_\_