REGISTATION FORM

Athlete's Name:	If yes, please describe:
Gender: Male / Female	
Grade (Entering Fall 2019):	
School:	Informed Consent and Acknowledgement:
Parent(s) / Guardian(s) Name(s):	I hereby give my approval for my child's participation any and all activities prepared by Loya Basketball Camps during the selected camp. In exchange for the acceptance of said child's candidacy by Loya Basketba Camps, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Loya Basketball LLC and all its respective officers, agents, and representatives from any and all
Address:	
Home Phone:	
Cell Phone:	liability for injuries to said child arising out of traveling
Email Address:	to, participating in, or returning from selected camp sessions.
Emergency Information	In case of injury to said child, I hereby waive all claims against Loya Basketball LLC including all coaches,
Emergency Contact:	affiliates, and if applicable, owners and lessors of premises used to conduct the event.
Emergency Number:	- -
Relationship to athlete:	Yes
Camps Attending (Please mark box, circle amount, and total below)	Video/Picture Use and Authorization:
 Skills Camp (June 24-27) at Salisbury – Elk Lick H.S. 	I hereby give permission for my child to be photographed/video recorded while at camp. I give
\$60 Before May 15 \$70 After May 15	permission for photos and video taken at camp to be used on the website, social media accounts, or local
 Playmaker Camp (July 22-26) at Penn Highlands, Johnstown, PA 	advertising. Yes
\$100 Before May 15 \$125 After May 15	I assume Financial Responsibility for registered athlete understand this non-refundable.
Total Due:	Parent / Guardian Signature:
T-Shirt Size (please Circle) Youth Small Youth Med Youth Large Adult Small Adult Med Adult Large Adult XI. Adult XXI.	Date:

Does athlete have any allergies, chronic illness, or

medical conditions? Yes / No