

FREMONT BASKETBALL CAMP REGISTRATION FORM (FULL DAY)

(One Camper Per Form)

Camper's Last Name: _____ First Name: _____ Age: _____

Address: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____ Camper's Birthdate: ___/___/___ Height: _____ School: _____

Circle: MALE or FEMALE Grade (Fall 2011): _____ Circle T-Shirt Size: Adult: S M L XL Child: 10-12 14-16

Check Space if you are a RETURNING CAMPER _____

Circle Desired Session: Session I (June 13-17) Session II (June 20-24) Session III (June 13-17 & June 20-24)

\$175 Sunnyvale resident \$175 Sunnyvale resident \$320 Sunnyvale resident

\$186 non-resident \$186 non-resident \$342 non-resident

Family Discount (2 or more attend same week): \$165 resident/\$176 non resident for each camper. Applies only to Session I or II.

Fee Waiver Assistance is available. Please Call (408) 730-7350.

FREMONT BASKETBALL CLINIC REGISTRATION FORM

(One camper per form)

Camper's Last Name: _____ First Name: _____ Age: _____

Address: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____ Camper's Birthdate: ___/___/___ Height: _____ School: _____

Circle: MALE or FEMALE Grade (Fall 2011): _____ *All Clinic Campers Will Receive One Basketball per Summer.

Fee Waiver Assistance is available. Please Call (408) 730-7350.

Circle Desired Session(s):

June 27-July 1 at Fremont High School 9:30-12:30 \$115/\$121 non-residents of Sunnyvale

July 11-15 at Fremont High School 9:30-12:30 \$115/\$121 non-residents of Sunnyvale

1:30-4:30 \$115/\$121 non-residents of Sunnyvale

9:30-4:30 \$225 with lunch supervision provided

July 18-22 at Fremont High School 9:30-12:30 \$115/\$121 non-residents of Sunnyvale

1:30-4:30 \$115/\$121 non-residents of Sunnyvale

9:30-4:30 \$225 with lunch supervision provided

July 25-29 at Fremont High School 9:30-12:30 \$115/\$121 non-residents of Sunnyvale

1:30-4:30 \$115/\$121 non-residents of Sunnyvale

9:30-4:30 \$225 with lunch supervision provided

Information below MUST be signed and sent with registration form and check

Mail Check, Registration Form, and Self-Addressed Stamped Envelope to:

Fremont Basketball Camp, Inc., 811 Elmira Dr., Sunnyvale, CA 94087

(Make check payable to FREMONT BASKETBALL CAMP, INC.)

For more information, please call Phil Kelly at (408) 253-8779

Please duplicate, call or visit our website for additional forms (www.fremontbasketballcamp.com)

Please check the box if there are any medical conditions of which the coaching staff should be aware. If you check the box, a separate health form will be mailed to you and must be returned before camp.

In case of emergency, name and phone number of person to contact if there is no answer at the above number:

Name: _____ Phone: (____) _____

WAIVER OF LIABILITY & PHOTO RELEASE: In consideration of participation in a class or activity offered by the City of Sunnyvale Department of Community Services-Recreation Division, I, the undersigned for myself and/or as the parent/guardian of the Minor named above, agree to indemnify and hold the City of Sunnyvale harmless and hereby waive, release and discharge any and all claims for damage, for death, personal injury, bodily injury or property damage which I and/or the Minor may have or which hereinafter may accrue to me and/or the Minor against the City of Sunnyvale, its City Council, employees, agents, volunteers, independent contractors, and instructors from and against any liability arising out of or connected in any way with my and/or the Minor's participation in this class or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above.

I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of me and/or the above named Minor and to release and to hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to me and/or the above named Minor (or my/our heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on my/our heirs and assigns.

I have read and agree to the registration and program policies. Further, I agree to allow use of my image and/or that of the named minor, which may be captured through video, photo, digital camera or other media, for City of Sunnyvale promotional materials and publications. By my signature below, I acknowledge that I have read this document and understand its contents.

Check the appropriate box(es) and sign: Participant (over 18) Parent Legal Guardian

Signature: _____ Date: _____

Print Name: _____

“The City of Sunnyvale encourages persons with disabilities to participate in our Parks and recreation programs. We will make reasonable efforts to accommodate persons with disabilities in accordance with the Americans with Disabilities Act. If you require special accommodations, please call (408) 730-7725, TDD (408) 730-7501, at least five days in advance of the program or activity.”