

Paid Date: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_  
T-Shirt Size: \_\_\_\_\_

## BLACKTOP BASKETBALL CAMP REGISTRATION FORM

Player's name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

Cell Number \_\_\_\_\_ Alt Phone Number \_\_\_\_\_

### Release of Liability

I acknowledge and fully understand that each participant will be engaging in activities that may involve risk or serious injury. I am aware that I will be responsible for all medical costs due to any injury. I hereby authorize the Blacktop Basketball Ministry to make the necessary arrangements to provide care and treatment for my child.

#### Permission to Use Photograph:

I grant to [Blacktop Basketball Ministry of Potter's House International Ministries](#), the right to take photographs of my child and my family in connection with ANY event taking place. I authorize [Blacktop Basketball Ministry of Potter's House International Ministries](#), its assigns and transferees to copyright, use and publish the same in print and /or electronically. I agree that [Blacktop Basketball Ministry of Potter's House International Ministries](#) may use such photographs of me /my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I (Parent / Guardian) \_\_\_\_\_ grant my child,  
\_\_\_\_\_, permission to participate in the  
Blacktop Outdoor Basketball. In the event of an emergency please contact:

Emergency Contact First & Last Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Emergency Contact Phone Number(s) \_\_\_\_\_ Email Address \_\_\_\_\_

Parent(s) / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_