

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)	

Parent(s) / Guardian Signature	Date
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