

JOHNNY TAYLOR'S YOUTH BASKETBALL FUNDAMENTALS & AGILITY TRAINING REGISTRATION FORM

(Please Print)

CAMPER INFORMATION

Camper's Last Name:		First:	Middle Initial:		
Has your child played basketball for an organization in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Organization:	Birth Date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Home Address:			Home Phone No.: ()		
City:	State:	ZIP Code:			
Grade in 2013/14:	Name of School:				
T-Shirt Size (Please check one box): <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL					
Are there any siblings participating in this camp? If so, please list names and ages:					

PARENTS INFORMATION

Mother's Last Name:		First:	Middle Initial:		
Home Address (if different than camper):		Home Phone No.: ()	Work Phone No.: ()	Cell Phone No.: ()	
City:	State:	ZIP Code:	Mother's Email:		
Father's Last Name:		First:	Middle Initial:		
Home Address (if different than camper):		Home Phone No.: ()	Work Phone No.: ()	Cell Phone No.: ()	
City:	State:	ZIP Code:	Father's Email:		

IN CASE OF EMERGENCY

Name (Other than parents):		Relationship to Camper:			
Home Phone No.: ()	Work Phone No.: ()	Cell Phone No.: ()			

I give my consent for my child's participation in the basketball training camp being offered by Coach Johnny Taylor. I understand the nature of the training and the risk involved and I will not hold Coach Johnny Taylor and Hamilton Heights Christian Academy responsible in case of accident or injury as a result of participation. I hereby authorize Coach Johnny Taylor and his staff to seek any needed medical treatment. I give permission to Coach Johnny Taylor to use photographs of the named camper on social websites and in printed advertising material. I understand no refund will be issued if cancelled less than one (1) week prior to the start of camp.

Patient/Guardian Signature:

Date:

Payment method:

- Cashiers Check or Money Order (made payable to Mr. Johnny Taylor)
- PayPal Payment
- Cash

Please send completed registration and payment to:

**Johnny Taylor's Youth Basketball Cam,
P.O. Box 23152
Chattanooga, Tennessee 37422**