



2023 BASKETBALL CAMP REGISTRATION FORM

Taylor Jones Youth Basketball Camp will offer instruction on the fundamentals of basketball for boys and girls ages 5-16.

Camp will be held at Durfee Innovation Society

- Camp will run from 1:00pm – 4:00pm, Check-In will begin at 1:00pm
- Campers will receive a camp T-shirt
- Cost of camp is \$70
- Credit Card Payments can be accepted via PayPal

For additional information contact Taylor Jones at: (313) 284-4821 or TaylorMadeAthlete@gmail.com.

Child

First _____ Middle _____ Last _____ Gender: Male ___ Female ___
 School Name _____ Age _____ Birth date ____/____/____ Age _____
 Street Address _____
 Town/City _____ State _____ Zip code _____ Child's Home Phone _____

T-Shirt Size

- X-Small
- Small
- Medium
- Large
- X-Large

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
 Street Address _____
 Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
 Cell phone _____ FAX _____ E-mail _____
 Occupation _____ Employer _____
 Child lives with: _____
 Person responsible for payment _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
 Street Address _____
 Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
 Cell phone _____ FAX _____ E-mail _____
 Occupation _____ Employer _____
 Child lives with: _____
 Person responsible for payment _____

PICK UP/DROP-OFF AUTHORIZATION

I hereby give permission to the people listed below in addition to parents/guardians to pick up my child:

1: _____ 2: _____ 3: _____

Parent's/Guardian's Initials _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relationship to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relationship to child _____

NOTE: *A completed health record form & a signed waiver is required for attendance on the day of camp*

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Taylor Jones Youth Basketball Camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

OFFICE USE ONLY

TUITION INFORMATION

\$70 Registration Date: _____ Amount Paid : _____

IMPORTANT INFORMATION

1. Camper Age Policy:

Your camper must register for their own age group. We are, unable to accommodate any request to make an exception to camp policy.

2. Risk of Injury:

- I give permission for my child to participate in learning and recreational activities and to be bound by all camp policies regarding behavior and dress.
- I give permission for my child to participate in the full range of camp activities. I acknowledge that the natural conditions of the camp, and the interaction with other children of various ages may subject my child to risk of injury.

3. Photograph/Video:

By registering my child in the Taylor Jones Youth Basketball Camp, I give my consent for the camp to use my child's photograph & video footage in camp promotion, publicity and website.

4. Waiver of Liability:

- ***In case of emergency***, I hereby give permission to hospitalize, secure treatment for and to order anesthesia or surgery for my child named on this form. I understand that every effort will be made to contact me in case of such an emergency, if possible, before any such treatment is administered. I accept primary responsibility of medical coverage while my child is participating in camp session.
- ***In case of accident***, I will not hold Taylor Jones Youth Basketball Camp, its staff, management, faculty, volunteers or its officers liable. Further, I waive any claim or cause of action against the foregoing parties which may arise as a result of an accident or an injury to my child.
- I hereby release Taylor Jones Youth Basketball Camp from any responsibility other than normal supervision and care. Further, I understand that Taylor Jones Youth Basketball Camp and its staff shall not be held responsible for any articles lost, stolen or left at the camp.

Parent/Guardian Signature _____ Date _____