



# 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 – 3:30pm, 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](mailto:TaylorMadeAthlete@gmail.com).

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## 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 \_\_\_\_\_