



Guam and Las Vegas
Contact: 702-481-9366
Website: www.guambasketball.com
Email: guam.basketball@yahoo.com

REGISTRATION CAMP FORM

Date: _____

Student Name: _____
Last First Middle

Sex: Male Female Date of Birth: _____ Age: _____
MM / DD / YY

EMAIL ADDRESS: _____

Home Phone: _____

Cell Phone: _____

Mother's Name: _____

Father's Name: _____

Work Place: _____

Work Place: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Please list allergies or other important notes pertaining to your child:

List below those who are authorized to pick up your child(ren):

Name: _____

Relation: _____

PARENTAL CONSENT, RELEASE OF LIABILITY AND WAIVER OF CLAIMS

I hereby acknowledge that my child (children) will adhere to all the rules and regulations while registered. I also acknowledge that all information provided above is true and correct and understand the contents of this registration form.

I hereby grant permission for my child, listed above to participate in the ACAS and GuamBasketball.com program, to include physical activities and events. I acknowledge and understand that this program may cause injury through normal participation. Therefore, I hereby release and hold harmless, the Academy of Computer Arts and Sciences (ACAS), Volunteers, Affiliates and its employees and representatives from any and all claims and/or liabilities of any kind arising out of his/her participation in this program.

Parent Signature (print and sign please)

Date