

2018 HOLIDAY CAMP PATRIOT Registration Form

Name _____ Age _____ Grade _____ School _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Emer Phone _____ Check One Male Female

Email Address: _____

T-Shirt Size Child S M L Adult S M L XL XXL Height _____ Wt _____

Parents Name _____

Insurance Policy & No. _____

Waiver: Camp Patriot Basketball Camp is very active. All accepted methods of instruction and safety will be observed. In return, we ask that all campers have adequate accident insurance coverage. I agree to waive all liability for College of Central Florida, and all of the coaches and instructors at Camp Patriot.

Make Checks Payable to:
Tim Ryan Basketball
Mail to:
Tim Ryan
3044 SW 41st Ln
Ocala, FL 34474

Waiver's signature _____

COST: \$135 per session by DEC 10th, 2018
EARLY BIRD DISCOUNT: \$120 if received by DEC. 1, 2018
LATE REGISTRATION: \$150 If received after DEC 10, 2018

For Office use only: Date Rec'd _____ Am't Rec'd _____ Rec'd By _____

Chk # _____