

# 2019 SPRING BREAK 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 Basketabll  
Mail to:  
Tim Ryan  
3044 SW 41st Ln  
Ocala, FL 34474

Waiver's signature  
\_\_\_\_\_

**COST:    \$125 if Received by 02/18/2019 Early Bird Registratic**  
**\$140 if Received after 02/18/2019**  
**\$150 if not Received by 03/06/2019 Late Registration**

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