

2018 Summer CAMP PATRIOT Registration Form

Name _____ Age _____ Grade _____ Fall _____ 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: \$170 per session,
EARLY BIRD DISCOUNT: \$150 if received by MAY 15, 2018

Circle Sessions attending **Session I** June 11 - 14 **Session II** June 18 - 21
 Session III July 9 - 12 **Session V** July 16 - 19

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