2019 Summer CAMP PATRIOT Registration Form

Camer Name _____ Age _____ Grade Fall 2019 _____ 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+K14:AZ19. All accepted methods of instruction and safety will be observed. In return, we ask that all campers have adequate accident insurace coverage. I agree to waive all liability for College of Central Florida, and all of the coaches and instructors at Camp Patriot.

Waiver's signature _____

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

COST: **$170 per session,**
EARLY BIRD DISCOUNT: **$150 if received by MAY 1, 2019**

Circle Sessions attending **Session I** June 10 - 13 **Session II** June 17 - 20
Session III July 8 - 11 **SessionI V** July 15 - 18

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