

**In The Zone Hoop Camps Registration Form**  
ITZ Elementary Summer Basketball Camp for boys and girls ages 8-11  
Countryside Recreation Center, Clearwater, Florida

**June 14-17, 2010**  
**9:00AM-Noon**

*Pre and after-care is available through the Recreation Center at an additional cost*

**COST: \$75.00 (includes \$10 registration fee)**

**PLEASE MAKE YOUR CHECK PAYABLE TO "IN THE ZONE HOOP CAMPS"**

NO REFUNDS OR EXCHANGES ARE AVAILABLE FOR THIS EVENT

**MAIL YOUR COMPLETED FORM AND PAYMENT BY JUNE 7, 2010 TO:**  
**ITZ HOOP CAMPS, P.O. BOX 14855, CLEARWATER, FL 33766**

(Please print legibly)

D.O.B. \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age as of **January 1, 2010:** \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Tel (Home) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Tel (Work) \_\_\_\_\_

Address: \_\_\_\_\_ Tel (Mobile) \_\_\_\_\_

Emergency Contact and Phone Number \_\_\_\_\_

Are there any medical restrictions that would affect participation in basketball camp?

\_\_\_\_\_

**Waiver of Liability**

I approve of my child's enrollment and/or participation in ITZ Summer Camp at Countryside Recreation Center, and hereby grant my permission for him/her to participate in all games and activities of the class.

Knowing that safe procedures and practices will be employed by the **City of Clearwater** and **In The Zone Hoop Camps**, its employees and coaches, I will not hold the **City of Clearwater** and **In The Zone Hoop Camps**, or its employees and coaches liable for any injury that may occur during the conduct of class activities. I also understand that the **City of Clearwater** and **In The Zone Hoop Camps** provides neither hospitalization, nor any type of accident insurance for its participants.

**The City of Clearwater** and **In The Zone Hoop Camps**, its employees and coaches assume no liability for injury or damage arising from the results of participation.

Due to the strenuous nature of some activities, the participant is urged to consult his/her physician concerning fitness to participate. All activities present certain inherent risks and hazards, which the participant is urged to consider and which the participant assumes.

In the event of an emergency, I hereby consent to emergency medical treatment for my child on his/her behalf. To the best of my knowledge, there are no physical or other conditions which will interfere with my child's participation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

**ITZ OFFICE USE ONLY: REGISTRATION DATE \_\_\_\_\_ CHECK # \_\_\_\_\_**