

If you're going to play... play with PRECISION.

# PRECISION HOOPS BASKETBALL ACADEMY

# WEST



## & XSTREAM DEVELOPMENT

### "GET READY FOR TRYOUTS"

### MINICAMP

**Oct. 2nd, 2010**

**@ Copper Canyon High School**

**\$25** per player  
**OR \$40**  
for 2 players

**11-3** P M

**BOYS  
GIRLS  
AGES  
8&UP**



Located on 91st Avenue and Camelback

Registration Form and Waiver Release Form  
Please fill out and bring to the camp along with payment.  
(Please make checks payable to Precision Basketball)

### CAMPER INFORMATION

Camper Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  MALE or  FEMALE Grade: \_\_\_\_\_ Age: \_\_\_\_\_

### WAIVER / RELEASE

I \_\_\_\_\_ (parent/guardian name) do hereby waive and release any and all rights and claims for damages that may have or hereinafter occur to me against the director and staff of Precision Hoops or Copper Canyon High School. I confirm that my child's health meets medical standard to participate in a basketball camp. I understand that basketball is a sport, and injuries may occur. I further understand that, neither the camp director nor any staff of Precision Hoops or Copper Canyon High School shall be held responsible for any medical injuries that may result from participation in the Precision Hoops Basketball Camp.

I give permission for \_\_\_\_\_ (camper name) to participate in the Precision Hoops Basketball Camp, and I give the director and the staff of Precision Hoops Basketball Camp my permission to act on my behalf in arranging for emergency medical attention to the above mentioned camper from a licensed physician or hospital if necessary.

The undersigned parent/legal guardian of the above mentioned application has read and understands the above agreement, and accepts and agrees to the terms and conditions of this waiver/release form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_