

# Sly Park Basketball School

**REGISTRATION FORM: FOR BOYS & GIRLS IN GRADES 5 THROUGH 12.  
EACH SESSION ENROLLMENT LIMITED TO ONLY 135 PLAYERS.**

**Print form and mail with your deposit to:**

Sly Park Basketball School  
1480 Oak Hill Way  
Roseville, CA 95661  
(916) 782-3845

Name \_\_\_\_\_ School \_\_\_\_\_ Grade as of 9/2019 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Email (optional) \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Referred by \_\_\_\_\_

Tuition fees: [\_\_\_\_] Resident (housing & all meals)

**Tuition Information (Includes dorm housing and all meals):**

"Early Bird"	October 1 - April 30	<u>\$450.00</u>
"Regular"	May 1 - June 18	<u>\$480.00</u>

Check session desired:

- [\_\_\_\_] Tuesday, June 18 - Saturday, June 22 (Boys Only - 5 Days/4 Nights)  
[\_\_\_\_] Tuesday, June 25 - Saturday, June 29 (Boys Only - 5 Days/4 Nights)  
[\_\_\_\_] Tuesday, July 9 - Saturday, July 13 (Girls Only - 5 Days/4 Nights)

My player and I agree to the regulations of Sly Park Basketball School.

**ENCLOSED IS HALF THE TUITION AS A DEPOSIT FOR A RESIDENT.** I understand the deposit is not refundable after June 1, 2019 without a doctor's note. Special arrangements for tuition payments can be made upon request.

**Refund policy:** Players who cancel their registration or for any reason are not able to transfer their registration to other players. Your tuition, less a \$75 processing and cancellation fee, will be completely refunded if you call or write to cancel your enrollment before June 1st.

I authorize the School Directors or Trainer to obtain medical attention for my player if he/she is injured or becomes ill while at school. I have insurance covering my player in case of an accident or injury.

\_\_\_\_\_  
(Signature of Parent or Guardian)

Overnight camps: I would like to room with:

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DON'T WAIT TO ENROLL! BRING A TEAMMATE!

# Sly Park Basketball School

## Medical Release/Liability Waiver/Publicity Release

DOCTORS WILL NOT TREAT MINORS WITHOUT WRITTEN PERMISSION FROM PARENTS, THEREFORE IT IS NECESSARY THAT THE FOLLOWING STATEMENT IS FILLED OUT COMPLETELY AND SIGNED IN CASE OF AN EMERGENCY.

1st Boys Session \_\_\_\_\_ 2nd Boys Session \_\_\_\_\_ Girls Session \_\_\_\_\_  
(June 18-22/Tues.-Sat.) (June 25-29/Tues.-Sat.) (July 9-13/Tues.-Sat.)

Name of Player \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Parent(s) or Legal Guardian(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Daytime Telephone (\_\_\_\_) \_\_\_\_\_ Evening Telephone (\_\_\_\_) \_\_\_\_\_

Insurance Plan \_\_\_\_\_ Insurance Plan # \_\_\_\_\_

**Medical Release:** In case of illness or injury, SLY PARK BASKETBALL SCHOOL / SLY PARK CONFERENCE CENTER has my permission to procure medical treatment for the above named minor. As parent or legal guardian, I understand that SLY PARK BASKETBALL SCHOOL / SLY PARK CONFERENCE CENTER does not provide medical insurance or reimbursement for medical fees, deductibles, or charges arising from illnesses or injury that may occur.

**Liability Release:** The undersigned hereby releases SLY PARK BASKETBALL SCHOOL / SLY PARK CONFERENCE CENTER, its owners and employees, from any and all liability for all loss or damages as well as any claim or demands on account of injury to person or property, arising from participation or involvement in activities associated with camp. The undersigned is fully aware of the inherent hazards and assumes all risk of loss, damages or injury that may be sustained by the above named minor's voluntary participation in camp activities.

**Publicity Release:** Permission is hereby granted to use photos of, quotes and likeness' of the previously mentioned camper in brochures, flyers, newsletters, surveys, radio ads, and videotapes for marketing purposes by and for Sly Park Basketball School.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
Date