Tampa Girl's Basketball Camps

2020 Individual Camp Registration Form

Name:	Age:	_ Grade as	of 8/20	Email:		-
Address:		City:		State:	Zip:	
Home Phone#		mergency Pl	none#			
Allergies:						
T-Shirt size: (circle one) XL	L	M S	(T-shirts are	adult sizes)	School:	
How did you hear about us? (circle	one): En	nail Webs	site Mail	Friend S	Social Network	Event
Please indica	te your can	np date(s), a	s well as reside	ent/commut	er if applicable.	
Session: All Skills Camp #1 After-Camp Care (5-6pt	June 1-5 m M-TH)	-5 \$270 Registration (Day Camp Only) \$80				
Session: Team Camp	June 5-7		See Tear	m Camp regi	istration form for p	payment info
Session: All-Skills Camp #2 After-Camp Care (5-6p)	June 8-1 m M-TH)	-12 \$270 Registration (Day Camp Only) \$80				
Session: Elite Camp	June 12-	14	\$225 Co	mmuter	\$275 Resident	
Session: All-Skills Camp #3 After-Camp Care (5-6pt	July 27-3 m M-TH)					
There is a \$100 registration deposit re Registration deposits ma						
Total due (add amounts for each camp	selected)		Total Deposi	it	_ Check # _	
		Consent	to enroll form	<u>1</u>		
In consideration of being allowed to participate i appreciates, and agrees that:	n any way in th	ne Tampa Girl's l	Basketball Camps, r	elated events a	nd activities, the unders	igned acknowledge,
1. For myself and on behalf of my heirs, assigns, and any of the officers, servants, agents or and all personal injury and bodily injury, d otherwise that may be sustained by my chil	employees and i	if applicable, owi , or loss or dama	ners and leasers of p ge to person or prop	remises used to perty, whether a	conduct this camp (releasing from the negliger	eases) with respect to any nce of the releasees or
2. I, as parent/guardian with legal responsibility and next of kin, and agree to indemnify the	for this camp p	participant, do co	nsent and agree to r	elease as listed	above all the releases fo	r myself, my heirs, assigns,
3. I further agree to indemnify and hold harmles due to my child's participation in camp acti	s the releasees	from any loss, lia	bility, damage or co	sts, including c		
4. I/we, the undersigned, hereby certify that I/we camp to administer during the period of the policy after all other available personal instance of filming and photography By entering the camp premises, you consen	e, am/are the pa e camp, approp urance has paid	nrent or legal gua oriate medical att I or declined payi	rdian of the camper ention to my child p nent.	named below. rovided to the c	camper which are not pa	aid by the camp's excess
advertising, inclusion on websites, social me I have read this release of liability and assum and sign it freely and voluntarily without any inc Tampa Girl's Basketball Camps	edia and any ot ption of risk ag	her purpose by T greement, fully u	JHOOPS and its af iderstand its terms,	filiates. understand tha	t I have given up substa	antial rights by signing it,
Camper's Name		Pare	ent/Guardian	's Signatui	re Date Sig	ned
Insurance Carrier	Policy #					

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2020 Team Camp Registration Form Team Camp: June 5-7, 2020

Team Name:	Coach:
Coach Phone:	Coach Email:
# of participant t-shirts:	SMLXL
# of coaches t-shirts:	SMLXLXXL
How did you hear about us?	(circle one): Email Website Mail Friend Social Network Event
	Please Indicate your Team Camp Options
Team Camp June 5-7	
ram camp same c /	# of Teams \$475 for the 1st team, \$425 for each additional
	# of participant meals \$48 per person (6 meals total- head coach eats free)
	# of participant housing \$42.50 per person (2 nights total- head coach stays free)
Choose Division (A or B)	
Division A (Made up	of experienced varsity teams and experienced travel teams)
Division B (Made up	of young varsity teams, JV teams, and some young travel teams)
Registration deposits may b	n deposit required per team. Registration deposits are <i>non-refundable</i> and <i>non-transferable</i> . be made with a check or money order and should be made out to TJ Hoops Inc. If you would ease contact coach Caitlyn Mitryk at Cmitryk@ut.edu or (813) 257-3645 to process paymen
Total due (add amounts for o	option selected) Total Deposit Check/Money Order #

Mail registration form and payment to: TJ Hoops Inc., 1213 Rushgrove Circle Dover, FL 33527

Questions? Please contact coach Caitlyn Mitryk at Cmitryk@ut.edu or (813) 257-3645