



1.	Check the camp session(s) you will attend:
	□ Session I: June 1 – 3 (Elite Skills Camp - Shooting) - <u>Circle one: a.m. / p.m. / both</u>
	Session II: June 8 – 12 (CBC Summer Academy Camp)
	Session III: June 29 – July 1 (Elite Skills Camp - Positionless) - <u>Circle one: a.m. / p.m. / both</u>
	Session IV: July 13 – 16 (Day Camp)
	□ Session V: July 20 – 23 (Day Camp)
	□ Session VI: July 27 – 30 (Day Camp)
2.	Student Name:
	Phone #1: Phone #2:
	Address:
	Email:
Ag	e: Grade: (Entering 2020) School/Parish:
3.	Insurance Carrier: Policy #:

Liability Waiver

Because of rising insurance costs and our efforts to keep our fee reasonable, all campers must cover themselves for any injury or sickness incurred while attending CBC Basketball Camp. I hereby authorize and direct the camp staff to exercise and act in their best judgement in the event any medical emergency regarding my child may arise. I confirm that my child is covered by medical insurance. I hereby give permission for emergency medical treatment in the event I cannot be reached. This also assures the CBC Basketball Staff that my child is in good physical condition and health and that he/she may participate in all camp activities.

Photo Release and Publicity Waiver

Justin Tatum Summer Basketball Camps occasionally takes photos / videos of our campers for educational purposes or publication to our website or community media sources. By signing the release below, you give permission to use these items in various public media. I hereby give permission to Justin Tatum Summer Basketball Camps to use pictures and video of my child for the above-mentioned purposes.

Parent/Guardian Name (printed):

Signature: _	
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Date:

Make checks payable to: Justin Tatum (Do not make checks out to CBC) Return completed registration form w/fee to: CBC Basketball Camp, Attn: Justin Tatum, PO Box 28646, St. Louis, MO 63146. Questions? Email Coach Tatum at <u>JTbasketballcamp@yahoo.com</u>