



**Justin Tatum's  
2022 Summer Basketball Camps  
Registration Form**



**1. Check the camp session(s) you will attend:**

- Session Ia - June 6th-9th from 8:30 a.m. to 11:30 a.m. - Little Bittie Hoopers (ages 5-9)
- Session Ib - June 6th-9th from 1:30 p.m. to 4:30 p.m. - All Girls Camp (ages 6-16)
- Session IIa - June 13th - 16th from 8:30 a.m. to 11:30 a.m. - Half day camp (ages 7-14)
- Session IIb - June 13th - 16th from 1:30 p.m. to 3:30 p.m. - Extreme Skills Camp (ages 8-16)
- Session III - June 20th - 23rd from 9 a.m. to 3 p.m. - Day Camp (ages 7-14)
- Session IV - June 27th - 30th from 9 a.m. to 3 p.m. - Day Camp (ages 7-14)
- Session V - July 5th - 8th from 9 a.m. to 3 p.m. - Day Camp (ages 7-14)
- Session VI - July 13th- 15th in Kansas City, MO - Location TBD

**2. Camper Name:** \_\_\_\_\_

**Phone #1:** \_\_\_\_\_ **Phone #2:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ (Entering 2022) **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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Make checks payable to: Justin Tatum Camps (Do not make checks out to CBC)**

**Return completed registration form w/fee to:**

**Justin Tatum Camps, PO Box 28646, St. Louis, MO 63146.**

**Questions? Email Coach Tatum at [JTbasketballcamp@yahoo.com](mailto:JTbasketballcamp@yahoo.com)**