

# LUTE OLSON FANTASY BASKETBALL CAMP

August 22 - 25, 2024



## REGISTRATION FORM

### PERSONAL INFORMATION

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_

Cell Ph \_\_\_\_\_ Email \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ (minimum age 30)

Shirt Size: S M L XL XXL Jersey Number Requested \_\_\_\_\_

### PAYMENT

Amount Due \_\_\_\_\_

Payment Method

Check  Visa  MC

Card Number:

\_\_\_\_\_

Exp. Date \_\_\_\_\_

CVV # on back \_\_\_\_\_

Signature:

\_\_\_\_\_

### WAIVER (read and agree to information on the right and fill out form below)

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Health Plan Name \_\_\_\_\_

Health Plan ID# \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Emergency Contact Person Phone \_\_\_\_\_

I hereby hold Lute Olson Fantasy Basketball Camp (LOBC) and its staff free from all liability should any injury or illness befall me while I am in attendance at LOBC. I also authorize the coaches and staff of LOBC to secure medical treatment for me should I not be able to request such treatment for myself. I have no knowledge of any existing physical impairment that would affect my participation in this program. In addition, I authorize LOBC to use any photographs of me taken during the program for use in publicizing and advertising future LOBC. A \$500 non-refundable deposit will be kept if the camper cannot attend. If the camper cannot attend and has paid in full by Aug 15, 2024, the remaining payment will be refundable. **Minimum age – 30 years old.**