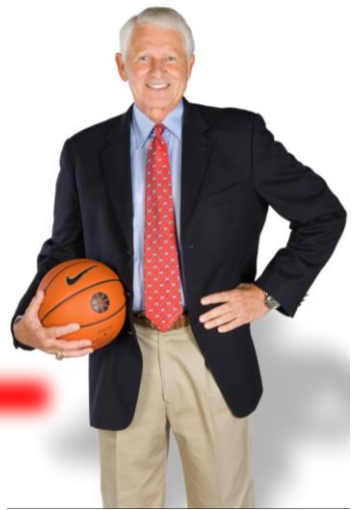




August 21 - 24, 2025



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, 2025, the remaining payment will be refundable. **Minimum age – 30 years old.**