

Micah Lancaster Summer Skills Basketball Camp

August 9-12, 2010 @ Monroe Sports Center
Camper Information and Parental Release Form

Player Name _____

Parent/Guardian Names _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email _____

Birthdate _____ Age _____ Height _____ Weight _____

Grade as of September 2010 _____

School _____

Travel Team _____ AAU Team _____

Position _____ Favorite Sport _____

Coach and Coach's email _____

Other teammates that may interested in this camp:

Email _____ Email _____

Waiver & Release

I, the undersigned, certify that my son/daughter is in good physical health and can participate in strenuous physical activity and all camp activities, and waive any and all claims I or he/she may now or hereafter have against Micah Lancaster, Monroe Sports Center, Elite Youth LLC and their respective staff, affiliated entities, agents and employees in connection with any injury or illness, recurrence of any undisclosed pre-existing injury or illness prior to the first day of camp session, and all liabilities or causes of action arising out of or in connection with my child's participation in the Camp. I grant permission for the camp directors to act on my behalf in case of medical emergency. I understand that I am responsible for all medical expenses.

Parent Signature

Emergency Contact Information:

Name _____ Cell Phone _____

Complete document electronically and email to micahlancaster@optonline.net or

Print and fax to (732) 578-8425 or

Print and mail to Elite Youth, 89 Galloping Hill Road, Colt Neck, NJ 07722