

2017 Yellow Jackets Basketball Camp ENROLLMENT FORM

To enroll by mail, please print and fill out this page and send it, along with check or money order made out to "Mike Glick Inc" to **6044 Blue Point Court Clarksville, MD 21029**

Camper's Name _____

School & Grade _____

Adult T-shirt size _____ XL _____ L _____ M _____ S _____ Youth L

Parent/Guardian Name: _____

Address _____

City _____ State: _____ Zip _____

Home/Work Telephone _____

Cell Telephone _____

E-mail address: _____

Health Insurance Company _____

Insurance Policy Number _____

Parent/Guardian Signature: _____

I, the parent/guardian, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, at the numbers listed above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment. I hereby grant Coach Glick Camps Inc. permission to use camper's likeness in photographs and videos in any of its publications. I will make no monetary claim against the camp for the use of these photographs/videos.

SESSION(S) Please check week(s) camper will attend:

__ June 19-23 __ June 26-June 30 __ July 10-14 __ July 17-21 __ July 24-28

For office use only:

Deposit Paid _____ Balance Due _____

Check # _____ Date Recvd: _____

Tuition
1 week \$190
2-3 wks \$175 / week
4-6 wks \$160 / week