

2017 † G.S.L. Basketball Camp

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Grade: _____ Date of Birth: _____

T-Shirt Size

S _____ M _____ L _____ XL _____

Indicate which camp you are registering for:

_____	AM Session Camp – June 12 th – 15 th (Boys and girls 3 rd - 6 th grade) 9:00am – 12:00pm <i>*finishing 2nd going into 3rd grade</i>	\$70.00
_____	PM Session Camp – June 12 th – 15 th (Boys and girls 7 th - 12 th grade) 1:00pm - 4:00pm	\$70.00

Emergency Contact:

Name: _____

Home Phone: _____ Cell Phone: _____

Medical conditions:

Waiver Agreement

I grant permission to the staff of the G.S.L. Basketball Camp to act on my behalf of my child in granting permission for evaluation/treatment of minor medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event I cannot be reached, I hereby give my consent to such medical treatment as deemed necessary by a licensed physician. In addition, I hereby release the G.S.L. Basketball Camp, its employees and agents from all claims on account of any injuries, which may be sustained by my child while traveling to, participating in and returning from the camp. I also agree to indemnify the G.S.L. Basketball Camp, its employees and agents from any claim, which may hereafter be presented by my minor child as a result of illness, or accident while my child is at the G.S.L. Basketball Camp.

Parent/Guardian Signature

Date

PLEASE RETURN THIS FORM WITH YOUR FULL PAYMENT TO:

- Gerard Gallegos 1000 East Fairclough Drive Salt Lake City, Utah 84106
- Please make checks payable to "**Gerard Gallegos Basketball Camp**"
- Same day registration will be accepted 8:00 a.m.–9:00 a.m. and 12:00 p.m.–1:00 p.m.

QUESTIONS: Please call or e-mail Coach Gerard Gallegos
(gerard100@comcast.net) or (gslbasketball@hotmail.com)
801-647-2829 or 801-484-5470