



GAA Special Populations Program

Presents

Summer Basketball Camp

Camps will cover the fundamentals of dribbling, shooting, passing, and defensive skills.

✓	Dates	Time	Camp	Fee
	July 21-July 25	6:30pm - 8:00pm	Basketball	\$30

(PLEASE PRINT)

Participant's Name: _____ Male Female Date of Birth: ____/____/____

Address: _____

City: _____ Zip Code: _____ Home Phone Number: _____

Emergency Contact (other than parent): _____ Daytime Phone Number: _____

Email Address: _____

Mother's Name: _____ Home #: _____ Cell #: _____

Father's Name: _____ Home #: _____ Cell #: _____

List any health problems: _____

Doctor's Name: _____ Phone #: _____ Health Card # _____

Did your athlete play last season? Yes or No _____ What team? _____

Authorization

I am permitting my son/daughter _____ to participate in the Summer Camp. I, the undersigned, permit my child to participate in the full range of activities as outlined in the program flyer, and authorize the Camp Coordinator and his/her appointee, in event of an accident or illness affecting the above named participant, to authorize on my behalf all procedures, including admission to hospital and necessary treatment, as he/she may deem essential for the care and well-being of said participant. Such action is taken when immediate contact with the undersigned cannot be made. I agree to hold harmless and release GAA & Special Populations from all liability.

Signature: _____ Date: _____

Send complete Registration Form and Fees (payable to GAA Special Needs) to:

Special Needs Basball Camp
PO Box 206
Grayson, GA 30017



For more information on the Special Populations program visit www.gaaspecialneeds.com