



a non-profit organization

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**REGISTRATION CAMP FORM**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First Middle

Sex: Male Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
MM / DD / YY

EMAIL ADDRESS: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Place: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please list allergies or other important notes pertaining to your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List below those who are authorized to pick up your child(ren):

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

**PARENTAL CONSENT, RELEASE OF LIABILITY AND WAIVER OF CLAIMS**

I hereby acknowledge that my child (children) will adhere to all the rules and regulations while registered. I also acknowledge that all information provided above is true and correct and understand the contents of this registration form.

I hereby grant permission for my child, listed above to participate in the ACAS program, to include physical activities and events. I acknowledge and understand that this program may cause injury through normal participation. Therefore, I hereby release and hold harmless, the Academy of Computer Arts and Sciences (ACAS), Volunteers, Affiliates and its employees and representatives from any and all claims and/or liabilities of any kind arising out of his/her participation in this program.

\_\_\_\_\_  
Parent Signature (print and sign please)

\_\_\_\_\_  
Date