



BIG TIME Basketball Camp Registration

Participant Information

Player 1 _____

Age _____ Grade _____ Male Female

Instagram _____

Medical Concerns

I hereby certify that my child is in good health and is able to participate in all camp activities

Parent/Guardian Information

Parent Name _____

Address _____

Phone _____

Email _____

Emergency Contact _____

Phone _____



Additional Players

Player 2 _____

Age _____ Grade _____ Male Female

Instagram _____

Medical Concerns

I hereby certify that my child is in good health and is able to participate in all camp activities

Player 3 _____

Age _____ Grade _____ Male Female

Instagram _____

Medical Concerns

I hereby certify that my child is in good health and is able to participate in all camp activities



Liability, Medical & Photography Release

I. Liability Release

In consideration of my child being allowed to participate in any way in the related activities at BIG TIME Basketball Camp, I, the undersigned, acknowledges and agrees that:

- The risk of injury to my child from the activities involved at this camp is significant and while particular rules, equipment and personal discipline may reduce the risk, this risk does exist; and
- For myself, my spouse and my child, I knowingly and freely assume all such risks and medical costs, both known and unknown, and assume full responsibility for my child's participation; and
- I myself, my spouse, my child and on behalf of my heirs, assigns and next of kin, hereby release and hold harmless Overtime Athletics LLC or BIG TIME Basketball Camp, its directors, officers, officials, agents, employees, sponsors, coaches, assistant coaches, volunteers, other participants, advertisers and camp facilities or grounds, with respect to any and all injury, death, disability or loss or damage to person or property incident to my child's participation in any and all programs at this event.

II. Medical Release

I hereby certify the child name in this application is in good health and is fully able to participate in all activities at the BIG TIME Basketball Camp. Furthermore, I give permission for my child to receive emergency medical treatment if necessary. I understand that every attempt will be made to contact me and/or the emergency contact name on the form before taking this action. I will also be fully financially responsible for any medical attention needed during this camp or resulting from an injury received at this camp on a later date. My medical insurance shall be the coverage for any medical treatment.

III. Photography Release

I agree that Overtime Athletics LLC has the right to photograph or collect video of my child to use the photo and/or digital reproduction of my child or any other physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the internet.

I have read and accept all terms outlined in the liability, medical & photography release



To confirm registration, all payment information must be completed and processed. Paper applicants will receive an email verifying registration once your registrations have been processed.

Payment

Before June 15

- One player **\$330.00**
- Two players **\$627.50**
- Three players **\$924.00**

On or after June 15

- One Player **\$365.00**
- Two Players **\$693.00**
- Three Players **\$1,022.00**

Late Pick-up

- Until 4:00pm **\$100.00/player**

Total \$ _____ Payment Enclosed

Name of CC _____

CC # _____ Exp. Date ____ / ____

CVV _____

Address _____

Signature _____ Date _____

****All credit card transactions will incur an additional 6% processing fee***

Please make checks/money orders payable to:

BIG TIME Basketball Camp
PO Box 122
White Plains, NY 10603