

**UNITED FAITH BASKETBALL CAMP
2017 REGISTRATION FORM**



Please complete and mail to:

*UFCA BASKETBALL CAMP
HEAD COACH JOSH COLEY
8617 PROVIDENCE ROAD
CHARLOTTE, NC 28277*

Camper's Name _____

Birthdate ____/____/____ Grade (fall '17) _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone () _____

School _____

Guardian's Name _____

Work Phone () _____

*Best Contact Number () _____

E-mail address _____

Camp Dates: **Please note different sessions.**

Session I: Monday, June 12 – Thursday, June 15

Session II: Monday, July 24 – Thursday, July 27

Camp Times: 9:00 am – 1:00pm

Camp Grades: 3rd – 8th Grade | Open to all kids!

Camp Tuition: \$125 (\$100 if received by June 7th)

*Concession Stand open for drink & snack purchase**



Make checks payable to the order of:

Josh Coley

United Faith Christian Academy Basketball Camp

I hereby state that my child meets medical standards for participation in a basketball camp. I also understand that United Faith Christian Academy and the camp coaches/staff assume NO responsibility and shall NOT be held liable for any accidents and/or injuries resulting from my child's participation in the United Faith Basketball Camp. Furthermore, I give United Faith Basketball Camp permission to seek emergency medical treatment if necessary for my child on my behalf. I also acknowledge that my child has sufficient medical insurance/coverage.

Parent/Guardian Signature _____ Date ____/____/____