

**UNITED FAITH BASKETBALL CAMP  
2018 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 '18) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

School \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

\*Best Contact Number ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

**Camp Dates:**

Camp Dates: Monday, June 25 – Friday, June 29

Camp Times: 9:00 am – 1:00pm

Camp Grades: 3<sup>rd</sup> – 8<sup>th</sup> Grade | Open to all kids!

Camp Tuition: \$125 (\$100 if received by June 8<sup>th</sup>)

*Concession Stand open for drink & snack purchase\**

Cash, checks, money order only payable to:

*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 \_\_\_\_/\_\_\_\_/\_\_\_\_