

July 2017 Basketball Camp



Nome Eskimo Community and Challenge Life Youth Foundation along with the Nome Rec Center are proud to sponsor the Triple Threat Hoop Camp for Nome and the surrounding village youth.

**Camp will be held at the Recreation Center on July 31st - August 4th
For individuals in grades 3rd – 12th.**

Camp directors will be Al Sokaitis, Christy Martin and Justin Borne.

Spaces are available on a first come first serve basis. Early registration is highly recommended.

Travelers coming from the villages are responsible for their own supervision, air fare & room and board costs.

Camp Registration Fee \$50.00

Make checks payable to Nome Rec Center. If you have more than one child interested in participation, let us know

**Registration forms need to be returned to Nome Eskimo Community
no later than Friday, July 21st.**

CAMP SCHEDULE

TBA

See other page for registration form

Triple Threat Hoop Camp Individual Registration Form

Athlete's First Name Last Name Age DOB Grade Gender

Mailing Address City State Zip

What position do you play? Small Med. Large
Adult T Shirt Size (Circle One)

Parent/Guardian First Name Last Name

Parent/Guardian Day Phone Number Parent/Guardian Home Phone Number

Pre-Existing Conditions Allergies (Medicines or Food)

Emergency Contact (Other than parents) Emergency Contact Phone Number

Race Alaska Native African American Asian/Pacific Islander Caucasian
 Hispanic American Indian Other _____

Are you enrolled in Nome Eskimo Community? Yes No

1. I, the undersigned parent/guardian of the individual named above, a minor, do hereby agree to allow the individual named herein to participate in the aforementioned activity and authorize and appoint the program directors and/or instructors as Attorneys in Fact and agents for the undersigned to consent to medical, surgical and/or dental examinations, in addition to any and all other treatments that may be deemed necessary by medical personnel. It is understood that participation involves an element of risk and danger of accidents. Knowing those risks, I hereby assume those risks. In addition, I understand that by signing this agreement, I hereby release and discharge Triple Threat Hoop Camps from any and all liability resulting in injury associated with the camper's participation in this activity. I understand it is my responsibility to inform camp personnel of any medical conditions, allergies, food restrictions or any other special needs my son/daughter may have. In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in this release.

2. I give Triple Threat Hoop Camp and Nome Eskimo Community full permission to use my child's photo in future promotional brochures, posters, websites, and/or NEC photo albums.

3. I give Triple Threat Hoop Camps full permission to transport the camper to other facilities as needed.

4. I have read and understand all three points above.

_____ Initial here if you do not want your child to receive over the counter medications while at the basketball clinic (i.e. Tylenol, Advil, etc...)

Parent/Guardian Signature

Date