



## Be A Champion Basketball Camp

For boys and girls entering the  
5<sup>th</sup> – 9<sup>th</sup> grades.

*When:*

**Summer 2010**

*Where:*

### **Holy Trinity Center**

999 Brotherhood Way  
San Francisco, CA 94132  
[www.holytrinitysf.org](http://www.holytrinitysf.org)

### **Individual Registration**

For children who want to attend and don't mind being placed on a camp team at random.  
This option is preferred and most participants will sign-up under this category.

**Cost: \$125/session/individual**

### **Team Registration**

For children who want to sign-up with their school or travel team.  
They will participate in drills and games as a team.  
Minimum 6 kids per team.

**Cost: \$100/session/teammate**

**Mail Application Form on Page 2 With Payment To:**

### **Be A Champion Basketball Camp**

2024 14<sup>th</sup> Avenue  
San Francisco, CA 94116  
(415) 759-7925  
[www.bacbasketball.org](http://www.bacbasketball.org)

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**Refund Policy:** The Be A Champion Basketball Camp will only offer refunds for cancellations if requested 30 days prior to the start of the selected camp session(s). There is a non-refundable administrative fee of \$50 per camp participant. Exceptions will be handled on a case-by-case basis.

**Confirmation:** Upon acceptance of the application into our program, a confirmation letter with detailed information about check-in times, locations, directions, and what to bring will be sent to you before camp starts. We will contact you immediately if there is a problem getting into a camp.

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**APPLICATION FORM**

**Registration Type:**  
(Please check box)

**Individual** (\$125/session)

**Team** (\$100/session/teammate)

**Team Name:** \_\_\_\_\_

**Player Information**

Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Medical Conditions/Medications: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

*(Write additional Parent/Guardian information on back of form.)*

**Desired Camp Sessions**

#	Dates	Times (☑ desired times)			Type
<b>1</b>	<b>June 21-25</b>	<input type="checkbox"/>	1:00 pm ~ 4:00 pm		(Co-Ed)
<b>2</b>	<b>June 28-July 2</b>	<input type="checkbox"/>	1:00 pm ~ 4:00 pm	<b>*Guard Skills</b>	(Co-Ed)
<b>3</b>	<b>July 12-16</b>	<input type="checkbox"/>	1:00 pm ~ 4:00 pm		(Co-Ed)
<b>4</b>	<b>July 19-23</b>	<input type="checkbox"/>	1:00 pm ~ 4:00 pm	<b>*Shooting Camp</b>	(Co-Ed)
<b>5</b>	<b>July 26-30</b>	<input type="checkbox"/>	1:00 pm ~ 4:00 pm		(Co-Ed)

**Terms for Enrollment**

- I hereby authorize the directors of Be A Champion Basketball Camp to act for me according to their best judgment in any emergency requiring medical attention. I have no knowledge of any physical impairment that would be affected by the above named in participation in the program. And I hereby waive and release Be A Champion Basketball Camp from any and all liability for any injuries.
- For my child's safety, I agree to drop off and pick up my child in the gym on time.
- The undersigned parent or guardian consents to the use of any photographs of the player(s) to be used in advertising or promotion.
- Be A Champion Basketball Camp reserves the right to dismiss any player whose conduct is unsatisfactory. Be A Champion Basketball Camp is for well-adjusted players who treat others with respect and value each player's right to a positive experience.

**THIS APPLICATION FORM MUST BE SIGNED BY THE PARENT/GUARDIAN:** My child has my permission to attend the BE A CHAMPION BASKETBALL CAMP. Enclosed is the enrollment fee based on the option(s) selected above. I understand that the BE A CHAMPION BASKETBALL CAMP, Kareem Guilbeaux, or anyone associated with the camp does not assume responsibility or liability for accidents, medical, dental, or any other expenses incurred as a result of attendance at this camp.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

*(Please make a copy for your records.)*