



POWER • BALANCE



Future Stars Elite Basketball Camp

August 28-29, 2010

CAMPER REGISTRATION

Complete and send to tournaments@haxla.com
Or fax to 310-219-4056.

Player's Name: (First) _____ (Last) _____

Age & Dob _____ / _____ Height/Weight _____ / _____

Grade/School _____ / _____

Position: _____

Jersey / T-Shirt Size _____ Youth Small _____ Youth Medium _____ Youth Large _____ Small

_____ Medium _____ Large _____ XL _____ 2X _____ 3X _____ 4X

Shorts Size _____ Youth Small _____ Youth Medium _____ Youth Large _____ Small

_____ Medium _____ Large _____ XL _____ 2X _____ 3X _____ 4X

Mother _____

Father _____

Address _____ City _____ State _____

Zip _____

Phone (H) _____ (W) _____

Parent/Guardian (Cell) _____

Email _____

Emergency Contact _____

Emergency Ph _____

Medical Conditions _____

Health Insurance Company _____

Policy # _____

I hereby certify that I am a participant in the activity conducted by Hangar Athletic Xchange. I further certify that I am in good health, have no physical or other impairment which would endanger me when participating in such a program or training activities. I absolve and hold harmless Hangar Athletic Xchange, its employees, officers or agents from any liability which may result from my participation or that from any minor in my legal custody, in the above activity. If the participant is a minor, I also give my permission for his/her participation in activity and for any necessary medical treatment. I understand Hangar Athletic Xchange has no obligation to supervise my child(ren) at the close of any activity. I release hangar Athletic Xchange, its officers, employees and agents from any liability resulting from any lack of supervision of my child(ren) at the close of the activity. Participants at the Hangar Athletic Xchange may be photographed and such photographs may be used to publicize Hangar Athletic Xchange programs and activities.

Participant/ Parent or guardian signature: _____

Print Name: _____

Date: _____

Cost: \$199 per player

CC#: _____ Exp Date: _____ Code: _____

Name on Card: _____

Admin Use: Paid _____ Cash _____ Check Number _____