



Salem Basketball Camp

Registration Form

Emergency Contact Information

Name _____

Street _____

City _____ Zip _____

Telephone _____

Age (as of June 29) _____ M or F

Parent e-mail _____

Please check the appropriate week(s)

___ week of June 29 – July 3 (\$185)

___ week of July 20 - July 24 (\$185)

Please indicate any medical conditions the camp staff should be made aware of.

I hereby authorize the Salem Basketball Camp to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release the camp from any and all liability for any injuries incurred while at camp.

PARENT /GUARDIAN _____

REGISTRATION PROCEDURE

To insure adequate staffing and equipment, the registration form and payment should be received by the Monday of camp week. We ask that the total tuition payment be made payable to Rino Beninati and mailed to:

'Tlpq'Dgplpcvk''
; 'Dwf t qp'Cxgpwg
Salem, NH 03079

A FULL REFUND will be provided to any registered player, who for whatever reason, is unable to attend the camp. Therefore, there is no risk in registering early. No partial refunds, however, are given for unattended days. Also, receipt of registration form and payment automatically registers the player and therefore, no confirmation call is necessary.

Campers should come each day with a snack, a drink, and a lunch