

# The AIM CENTER'S BASKETBALL SHOOTING CAMP REGISTRATION FORM

JULY 25-29, 2011 \_\_\_\_\_ AUGUST 15-19, 2011 \_\_\_\_\_

## (One Camper per form)

Participant's) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Camper's Birthdate: \_\_/\_\_/\_\_ Height: \_\_\_\_\_

School: \_\_\_\_\_ AAU Team: \_\_\_\_\_ Position(s): 1 2 3 4 5

**Circle:** MALE or FEMALE **Grade ( ):** \_\_\_\_\_ **Circle T-Shirt Size:** Adult: S M L XL Child: S M L XL

\$269.00 – Current Renegades member,

\$299.00 – Non-Renegades members

### **KELLY BOLISH GYM**

2950 Turnpike Drive  
Hatboro, PA 19040

- **Camper's are responsible for packing a lunch each day.** Nutritional snacks are permitted, as well. .
- **Camper's are strongly urged to bring their own ball. Please put your initials on it.**
- **Camper's are also urged to bring a 1" 3 ring binder w/ lined paper to camp, there's going to be lots of valuable information.**

---

**\*\*\*Information below MUST be signed and sent with registration form and check\*\*\***

Mail Check and Registration Form with Waiver signed to: **(make check payable to Roger Galo)**

**Roger Galo  
366 Tulpehocken Avenue  
Elkins Park, PA 19027**

For more information, please call or email Roger Galo at 610.909.8563 or rogergalo@theaimcenter.com

Name: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

In consideration of participation in a class or activity offered by the Roger Galo of The AIM CENTER, I, the undersigned for myself and/or as the parent/guardian of the Minor named above, agree to indemnify and hold the AIM CENTER, Roger Galo or the Renegades harmless and hereby waive, release and discharge any and all claims for damage, for death, personal injury, bodily injury or property damage which I and/or the Minor may have or which hereinafter may accrue to me and/or the Minor against the AIM CENTER, Roger Galo or the Renegades, employees, agents, and volunteers from and against any liability arising out of or connected in any way with my and /or any Minor's participation in this class or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of me and/or the above named Minor and to release and to hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to me and/or the above named Minor (or my/our heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on my/our heirs and assigns.

I have read and agreed to the registration and program policies. Further I agree to allow use of my image, quotations, comments or statistical information and/or that of the above named Minor, which may be captured through video, photo, digital camera or other media, for the AIM CENTER's or Roger Galo's promotional materials and publications. By my signature below, I acknowledge that I have read this document and understand its contents.

Signed: \_\_\_\_\_ (Relationship): \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (Relationship): \_\_\_\_\_ Date: \_\_\_\_\_