



2008 Rising Stars Basketball Camps Registration Form and Waiver

Please circle camp session attending

Date (circle): June 16-20 June 23-27 July 21-25 July 28-August 1
Location (circle): PRUMC FBCA

Name _____

Age _____ Grade Next Fall _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Emergency Phone _____

E-Mail Address _____

School _____

☐ **Please circle here if camper will attend ½ day (9am – 1pm) only.**

SIGNATURE OF PARENT OR GUARDIAN REQUIRED. I hereby authorize the directors of the Rising Stars Basketball Camp to act for me according to their best judgment in any emergency requiring medical attention. I HEREBY WAIVE AND RELEASE the Rising Stars Basketball Clinics, Inc. from all liability and agree to accept all medical expense incurred. I know of no mental or physical problem which will affect my child's ability to safely participate in the camp. Dismissal from camp for disciplinary action will result in no refund.

Health Insurance Provider Policy #

Parent/Guardian Signature Date

Total Tuition is \$250. A deposit of \$100 is due with application. The balance is due on Monday, June 16 for Session 1, Monday, June 23 for Session 2, Monday, July 21 for Session 3, and Monday, July 28 for Session 4. **Only \$235 tuition if \$100 deposit is received by April 1. Total tuition for ½ day camp is \$175.00. Written confirmation will follow receipt of deposit.**

Make Checks Payable To:
Rising Stars
1644 Main Street, Suite 206
Columbia, SC 29201