



2009 LITTLE SAINTS

BASKETBALL CAMP

REGISTRATION FORM

JUNE 1-4, 2009

WHEN: 8:30 AM - 12 NOON ■ Monday, June 1 - Thursday, June 4

WHO: Ages 6-10 years old

CHECK IN: Monday, June 1 ■ Memorial Hall Gymnasium ■ 8-8:30 AM

COST: \$80.00 Per Camper



CONTACT CHRIS FAULKNER WITH QUESTIONS
AND REGISTRATION FORMS:

PHONE: 706-867-2808

EMAIL: cfaulkner@ngcsu.edu

NORTH GEORGIA

B A S K E T B A L L

STATEMENT OF RESPONSIBILITY AND WAIVER - INDIVIDUAL

I certify that my child is physically fit to participate in the NGCSU Little Saints Basketball Camp. I am aware of the inherent risks of participation in this physical activity, and I further state that the Board of Regents, NGCSU, and its staff will not be held liable for accident or injury, including preexisting illnesses or injuries as a direct or indirect result of participation in camp activities. I give permission for camp officials to seek medical assistance as deemed necessary.

Parent/Guardian Signature

Home Phone _____
Business Phone _____
Cell Phone _____

CAMP REGISTRATION & APPLICATION

Name _____
(Please Print)

Address _____

City/State/Zip _____

Age _____ Weight _____ Height _____

Shirt Size (Youth): S M L XL

Mail Registration Form to:
Chris Faulkner - Men's Basketball
82 College Circle
Dahlonega, GA 30597