

HAWAII STORM

BASKETBALL CAMP 2014



SPECIAL DISCOUNT

\$70 before 11/7 or \$85 after 11/7

Make checks payable to:

HAWAII STORM

3044 Kahaloa Place

Honolulu, Hawaii 96822

Contact: 864-9113 or

hawaiiistormbasketball@gmail.com

**FRIDAY & SATURDAY
NOVEMBER 28-29, 2014**

MANOA GYM

Ages 5-15

Session 1: 8:00am - 12:00pm (ages 5-9)

Session 2: 1:00pm - 5:00pm (ages 10-15)

Name: _____

School: _____

Session # _____ Age: _____ Male/Female

Email Address: _____

Address: _____

City: _____ Zip: _____

Phone # _____ Emergency # _____

T-Shirt Size (Circle): YM YL AS AM AL AXL A2XL

*****NO REFUNDS**

I hereby grant permission for my child to attend the Hawaii Storm Basketball Camp. I understand that as a condition of acceptance, the undersigned, on behalf of all parents and guardians and on behalf of the participant, hereby releases the Hawaii Storm Basketball Camp, instructors or agents, from any and all liability for an injuries or illness incurred while attending the Hawaii Storm Basketball Camp. I hereby authorize the instructors to act for me according to his/her best judgment in any emergency requiring medical attention. The undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity. I give consent to use my child's image(s) on the internet, website, or any media publications.

Parent/Guardian Signature: _____