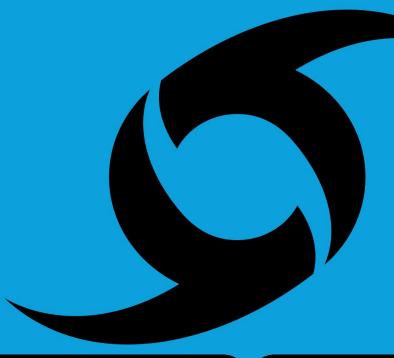
HAWAII STORM BASKETBALL CAMP 2014



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 hawaiistormbasketball@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 # A	Age:			Male/Female		
Email Address:						
Address:						
City:						
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 an 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:
