


CLARK BASKETBALL
ACADEMY
2021 SUMMER CAMP
Mail-In Registration Form

Place an X next to session(s) you will attend below:

- Session 1** | June 7-10 | Girls Grades 6-9th | 9am-12pm | \$120.00
 Session 2 | June 14-17 | Girls Grades 4-8th | 9am-12pm | \$120.00
 Session 3 | June 21-25 | Girls/Boys Grades 6-9th | 9am-12pm | \$150.00
 Session 4 | June 28-July 1 | Girls Grades 7-10th | 9am-12pm | \$120.00

Discounts:

- All FOUR sessions, \$430.00
- If you are signing up for more than one session, subtract \$15.00 off the next session
- If you are signing up multiple participants/siblings, subtract \$15.00 off second player's registration fee

Total Paid: _____

Mail Registration To:

Clark Basketball Academy, LLC
 12148 Cedar Trace Drive North
 Jacksonville, FL 32246

Make Checks Payable To:

Clark Basketball Academy, LLC

Venmo:

Coach-Clark33

Waiver:

The undersigned parent, guardian, or legal representative, hereby requests that _____ (name of child) be allowed to participate in Clark Basketball Academy, LLC Camp and all of its associated activities. For and in consideration of the child being allowed to participate in this camp, and other valuable consideration, the undersigned parent, guardian, or legal representative on behalf of the child and the child's parents, personal representatives, assigns, heirs, and next of kin, do hereby release and hold harmless the Bishop Kenny High School, Inc.; Felipe J. Estévez, as Bishop of the Diocese of St. Augustine, a corporation sole; Clark Basketball Academy, LLC Camp; all organizers of this camp; all volunteers, chaperones, employees, and agents of the said parties; and their personal representatives or assigns from any loss or damage on account of any injury to the person or the personal property of the child, or death, caused by negligence or otherwise, while the said child is engaged in the above-stated camp and any of the activities of the camp. The undersigned expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The undersigned parent, guardian, or legal representative further acknowledges that he/she is authorized to enter this agreement on behalf of the child, the child's parents, personal representatives, assigns, heirs, and next of kin. I further authorize any representative of this camp to obtain medical treatment for my child in the unlikely event of an injury or illness during this program, and I agree to pay any expenses incurred for such treatment. Clark Basketball Academy, LLC Camp is not affiliated or associated with Bishop Kenny High School, Inc.

Parent | Legal Guardian Signature: _____

Date: _____



Player Registration

PLAYER NAME: _____

PLAYER GRADE ENTERING | AGE: _____

PARENT NAME: _____

PARENT CELL: _____

PARENT EMAIL: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT CELL: _____

T-SHIRT SIZE:

___YL

___AS

___AM

___AL

___XL

INSURANCE COVERAGE: _____

NAME ON POLICY: _____

POLICY #: _____

PICTURE RELEASE:

My child's photo/video can be taken and posted to CBA's social media sites and websites for advertising, marketing, promotional purposes.

Parent Signature: _____

Date: _____