

ONE FAITH BASKETBALL ACADEMY

BASKETBALL CLINIC

{Co-ed Ages 7-16}

Registration: Oct 4th thru Oct 24th, 2024

Date: Oct 24th, 2024 ▪ Time: 6pm to 8:30pm

Fee: \$60

Player's Name: _____ D.O.B: _____ Age: _____

Address: _____

City/State/Zip: _____

Telephone (Cell): _____ Telephone (Work): _____

Emergency Contact & Phone # _____ Gender (circle one): M F

I give my consent for my child(s) to participate in the **One Faith Basketball Academy Camp**. I affirm that the general health of the participants is good, that they have had and passed a physical within the last calendar year; and will not be affected by the physical requirements. I understand that each sport is a contact sport, and I will hold harmless the **One Faith Basketball Academy and the YMCA** in case of an accident or injury which occurs while participating in the camp.

If the participant has a medical condition (such as asthma, heart problem, etc.) that we should be aware of, please indicate such below. If there is a medical condition, we may require a physician's letter for them to participate.

Medical Condition: _____

Email Address: _____

Signature of Parent/Guardian: _____ **Date:** _____

I hereby give my permission to the O.F.B.A to take photographs and videos of my child and use them in publicity for what they so desire: ☐ Yes ☐ No

Go to the website for the register form: Onefaithsports.org

Make payment to: Cash App: \$Lgeter33 or Zelle: 540-538-1714

Basketball Clinic location:

Ron Rosner YMCA, 5700 Smith Station Rd, Fredericksburg 22407

RON ROSNER YMCA

5700 Smith Station Rd * Fredericksburg, VA 22407

(540)538-1714 * e-mail: lewisgeter@gmail.com