



2022 ALAZAR'S CO-ED YOUTH BASKETBALL CAMP

WHO: Boys & Girls born in 2011, 2012, & 2013
(proof of date of birth needed for the first day registration)

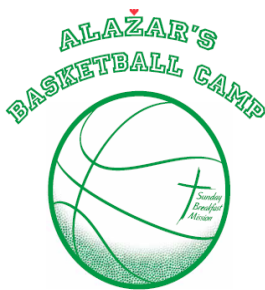
WHAT: Free Fundamental Basketball Day Camp

WHEN: June 27th—July 1st from NOON to 3 PM

WHERE: 110 N. Poplar St., Wilmington, DE—302-656-8542

WHY: Improve basketball skills, have fun, & make new friends

LUNCH PROVIDED!
PRIZES AWARDED!



Reserve Your Child's Space
Now!

Register online:

[www.sundaybreakfastmission.org/
basketball-registration](http://www.sundaybreakfastmission.org/basketball-registration)



Or Mail/Drop-off the completed form located on the back of this page to:

Sunday Breakfast Mission, 110 N. Poplar St., Wilmington, DE 19801

Walk-in registration (if slots available): NOON on first camp day.

Alazar's Co-Ed Basketball Camp Registration



CHILD(REN) BEING REGISTERED

Last Name	First Name	Date of Birth: Mo./day/yr.	Sex
_____	_____	____/____/____	M/F
_____	_____	____/____/____	M/F
_____	_____	____/____/____	M/F
_____	_____	____/____/____	M/F



SCAN ME

Parent's Name: _____ Cell Phone: _____

Street Address: _____ Alternative Phone: _____

City _____ State _____ Zip _____

(Please complete each consent section for your child's participation in basketball camp)

MEDICAL WAIVER

In the event that my child(ren) should require medical care or treatment I agree to allow Sunday Breakfast Mission to take the necessary steps to seek medical treatment at the nearest medical facility.

_____(parent/legal guardian initial)

PERSONAL INSURANCE LIABILITY

In the event that my child(ren) should require medical care or treatment I agree to be financially responsible for any costs incurred as a result of such treatment I am aware and understand that I should carry my own health insurance.

_____(parent/legal guardian initial)

MEDICAL CONDITIONS: medical conditions or known allergies to be aware of: _____

GENERAL PERMISSION:

My child(ren) have permission to leave on their own at 3p.m. after camp. YES _____ NO _____

My child(ren) will only be released to (NAME) _____ (Cell) _____ at 3pm after camp.

MEDIA DISCLAIMER

I recognize my Child(ren) may be photographed/videoed while participating in SBM's "Alazar's Co-Ed Basketball Camp" and agree their photo/video may be used at Sunday Breakfast Mission's discretion for marketing and promotional materials.

_____(parent/legal guardian initial)

WAVIER AND RELEASE OF LIABILITY:

Parent/Legal Guardian

In consideration of the risk of injury while participating in Sunday Breakfast Mission "Alazar's Co-Ed Youth Basketball Camp" and as consideration for the right to participate in the Sunday Breakfast Mission "Alazar's Co-Ed Youth Basketball Camp" I knowingly and voluntarily enter into this wavier and release of liability and waive any and all rights, claims or causes of action of any kind whatsoever arising out of my child's/children's participation in the basketball camp and hereby release and forever discharge Sunday Breakfast Mission located at 110 N. Poplar Street, Wilmington DE, their affiliates, managers, members, agents, staff and volunteers for any injury that my child(ren) may suffer as a direct result of his/her participation in this program including traveling to and from this activity.

My child(ren) is/are voluntarily participating in Sunday Breakfast Mission "Alazar's Co-Ed Youth Basketball Camp" entirely at his/her own risk and I am aware of the risks associated with including traveling to and from as well as participating in this activity. I acknowledge that I have carefully read this "waiver and release" and fully understand that this is a release of liability.

SIGNED: _____

DATE: _____