

THE 7 HILLS BASKETBALL FEDERATION
2015 Fall Basketball CAMP and Skills Clinics - REGISTRATION SHEET

PLAYER INFORMATION:

GRADE: _____ MALE-FEMALE: _____
 SCHOOL: _____

PLAYER'S NAME: _____
 ADDRESS: _____ CITY: _____ ZIP: _____
 DATE OF BIRTH: ____/____/____ AGE: _____ HEIGHT: _____
 PARENTS / GUARDIANS NAMES: _____ E-MAIL: _____
 HOME PHONE: (____) _____ OTHER PHONE (Best number to contact you): (____) _____

Write in T-SHIRT SIZE in the block

Shirt Size

CAMP DATES and Location
Registration deadline is October 2nd

2nd, 3rd and 4th graders			
Day	Date	Time	Location
Mon	5-Oct	6:00 PM - 8:00 PM	Rec Center #1
Tue	6-Oct	NO CAMP	
Wed	7-Oct	6:00 PM - 8:00 PM	Rec Center #1
Thu	8-Oct	6:00 PM - 8:00 PM	City Hall
Fri	9-Oct	6:00 PM - 8:00 PM	Rec Center #1
5th, 6th, 7th and 8th graders			
Day	Date	Time	Location
Mon	12-Oct	6:00 PM - 8:00 PM	Rec Center #1
Tue	13-Oct	NO CAMP	
Wed	14-Oct	6:00 PM - 8:00 PM	Rec Center #1
Thu	15-Oct	6:00 PM - 8:00 PM	City Hall
Fri	16-Oct	6:00 PM - 8:00 PM	Rec Center #1

PLEASE MAKE CHECK PAYABLE TO:
 City of Seven Hills

PLEASE DROP OFF MAIL CHECK & FORM
TO:
 7777 SUMMITVIEW DRIVE Seven Hills 44131

FEE SCHEDULE:

7HILLS RESIDENTS:
Each Player = \$40.00

NON - 7HILLS RESIDENTS
Each Player = \$40.00

PERMISSION:

My son/daughter has my permission to participate in the recreation program sponsored by the Seven Hills Basketball Federation. I will be responsible for his/her conduct as well as my own at all Seven Hills Basketball Federation activities. I realize that this is a *RECREATIONAL PROGRAM*, along with a *TEACHING PROGRAM*. I will help teach my daughter/son the value of good sportsmanship and fair play over attitude of win at any cost.

I further realize that precautions to safeguard the welfare of the participants will be taken however, the Parma Board of Education, the City of Seven Hills, its elected or appointed officials, employees and volunteers. The City of Seven Hills Basketball Federation Officials and Coaches cannot be held responsible in the event of injuries incurred during participation. In the event of injury, I will assume *FULL RESPONSIBILITY* for any and all medical treatments and expenses.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

PAID BY: CASH: _____ CHECK NO: _____
 AMOUNT: \$ _____ DATE: _____ NO. OF PLAYERS: _____

And/or E-Mail us: ckmarxen@cox.net

Questions: Call Chuck Marxen @ (440) 319-2476