



## REGISTRATION FORM

William Fleming High School  
3649 Ferncliff Ave., Roanoke, VA 24017

### Participant Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male / Female (circle)

### Address

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Curr. Grade: \_\_\_3<sup>rd</sup> grade \_\_\_4<sup>th</sup> grade \_\_\_5<sup>th</sup> grade \_\_\_6<sup>th</sup> grade \_\_\_7<sup>th</sup> grade \_\_\_8<sup>th</sup> grade \_\_\_9<sup>th</sup> grade \_\_\_10<sup>th</sup> grade

School Attending: \_\_\_\_\_

T-shirt size: \_\_\_\_\_YL \_\_\_\_\_M \_\_\_\_\_L \_\_\_\_\_XL \_\_\_\_\_XXL

Email address (Participant): \_\_\_\_\_ Mobile Phone (Participant): \_\_\_\_\_ Facebook/Twitter/Instagram: \_\_\_\_\_

### Parent Information

Name (Parent/Guardian) \_\_\_\_\_ Address (if different from Participant) or SAME \_\_\_\_\_  
Phone (Home / Mobile / Work) \_\_\_\_\_ Email Address \_\_\_\_\_

How did you hear about **TWIN Hoops™ Basketball** Check one or more

☐ Friend/Word of Mouth ☐ Email ☐ Facebook ☐ School/Coach ☐ Advertising ☐ Soc. Media ☐ Repeat ☐ Other

I have no knowledge of any physical impairment that would affect this camper from participating in the camp's program. By signing below, I agree that in case of an accident or emergency while at camp, I release the camp, its facilities, the camp directors, the staff, R & D Williams, Inc. and Youth Sports, Inc. (dba or any affiliate's) from any liability. I authorize the directors to act for me in any emergency requiring medical attention for which service I shall pay. I also grant the camp and any assigned photographer(s) and/or video taken during the camp session(s) the irrevocable and unrestricted right to use and publish photographs/video of camper(s), or in which campers may be included, for editorial, trade, advertising, and any other purpose and in any manner used without restriction and without inspection or approval.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Payment Information

☐ **Session I: June 10 - 14, 2019**

☐ **Session II: July 29 - August 2, 2019**

☐ **Both – Sessions I & II**

- ☐ Enclosed is a check for \$50 as a non-refundable deposit. Balance due not later than the first day of your camp session.
- ☐ Enclosed is a check for \$160 for any one session. ☐ Enclosed is a check for \$140 if paid by April 1<sup>st</sup> for any one session.
- ☐ Enclosed is a check for \$320 for two sessions. ☐ Enclosed is a check for \$300 if paid by April 1<sup>st</sup> for two sessions.
- ☐ Enclosed is a check for \$190, which includes early drop-off & late pickup from 7:30 - 9 AM and 3 - 5:00 PM.
- ☐ Enclosed is a check for \$170 if paid by April 1<sup>st</sup> which includes early drop-off & late pickup from 7:30 - 9 AM and 3 - 5PM
- ☐ Enclosed is a check for \$380, for two sessions which includes early drop-off & late pickup from 7:30 - 9 AM and 3 - 5PM
- ☐ Enclosed is a check for \$360, if paid by April 1<sup>st</sup> for two sessions which includes early drop-off & late pickup 7:30 - 9AM and 3 - 5PM.

**Print application & mail payable to TWIN Hoops® Basketball**  
3502 Loblolly Lane  
Roanoke, VA 24018