



# REGISTRATION FORM

Saturday: 9:30am -10:30am  
Anchor of Hope - High Street Baptist  
2302 Florida Ave., Roanoke, VA 24017

**SPRING:** **Session 1**  
Feb. 9, 16, 23  
March 2

**FALL:** **Session 2**  
August 10, 17, 24, 31

## Participant Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Male / Female (circle)

### Address

STREET \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

Current Age: \_\_\_\_\_ 3yrs old

\_\_\_\_\_ 4yrs old

\_\_\_\_\_ 5yrs old

\_\_\_\_\_ 6yrs old

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

T-shirt size: \_\_\_\_\_ YM

\_\_\_\_\_ YL

\_\_\_\_\_ 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



**Check one or more**

- Friend/Word of Mouth
- Email
- Facebook
- School/Coach
- Advertising
- Social Media
- 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's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment Information

Payable to: TWIN Hoops Sports  
3502 Loblolly Lane  
Roanoke, VA 24018

DATE: \_\_\_\_\_ Full Session 1, 2, 3, 4 \$60.00 CK# \_\_\_\_\_ ELITE: \_\_\_\_\_

Individual date: \$20.00 per date: \_\_\_\_\_