

REGISTRATION FORM - 2020

WINTER: Session 1
Jan., 18, 25 - Feb 8, 15

SPRING: Session 2

'Dates Coming Soon'

4 Saturdays: 9:30am -10:30am Anchor of Hope - High Street Baptist 2302 Florida Ave., Roanoke, VA 24017 SUMMER: Session 3

'Dates Coming Soon'

FALL: Session 4 'Dates Coming Soon'

Participant Information					
First Name	Last Name				
Data of Disth	Male / F	emale (circle	e)		
Date of Birth					
Address STREET		CITY		STATE	ZIP CODE
Current Age: 3yrs old 4yr	rs old	5yrs	old	6	Syrs old
School Attending:					
T-shirt size: YM YL	_L	XL _	XXL		
Email address (Participant): Mobile Phone (Participant):	F	Facebook/T	witter/Ins	stagram:
Parent Information					
Name (Parent/Guardian) Address (if different from Participant) or SAME					
Phone (Home / Mobile / Work)	Ema	il Address			
How did you hear about	rs Che	ck one or ı	more		
○Friend/Word of Mouth ○Email ○Facebook ○School	ol/Coach ○A	Advertising	○Social Me	edia OC	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:		Dat	e:		
Payment Information					
Payable to: TWIN Hoops Sports DATE: Full Session 1, 2, 3, 4 \$60 each (save \$20) CK# ELITE: 3502 Loblolly Lane Roanoke, VA 24018 List Individual date(s): \$20 per date:					