

THE AIM CENTER CAMPS/CLASSES

Please circle the camp of your choice:

June 26th – 29th 9am – 3pm

July 10th – 13th 9am – 3pm

July 24th – 27th 9am – 3pm

(One camper per form)

Participant's Last Name: _____ First Name: _____ Age: _____

Address: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____ Camper's Birthdate: ____/____/____ Height: _____

School: _____ AAU Team: _____ Position(s): 1 2 3 4 5 (circle)

Fee:

\$249.00 Current Renegades member rate

\$299.00 Non-Renegades member rate

- Campers are responsible for packing a lunch each day. Nutritional snacks are permitted as well.
- Campers are strongly urged to bring their own ball. Please put your initials on it.
- Campers are also urged to bring a notebook to camp, there is going to be a lot of valuable information to record.

*****Information below MUST be read then signed and returned with your check*****

Mail Check (made payable to Roger Galo) and this SIGNED Registration Form/Waiver to:

**Roger Galo
366 Tulpehocken Avenue
Elkins Park, PA 19027**

Any and all inquiries can be made directly to Roger Galo, (610) 909-8563 or rogergalo123@gmail.com Thank you.

Name: _____ Phone: (____) _____

In consideration of participation in a class or activity offered by Roger Galo of the AIM CENTER, I the undersigned for myself and/or as the parent/guardian of the Minor named above, agree to indemnify and hold the AIM CENTER, Roger Galo or the Renegades harmless and hereby waive, release and discharge any and all claims for damage, for death, personal injury, bodily injury or property damage which I and/or the Minor may have or which hereinafter may accrue to me and/or the Minor against the AIM CENTER, Roger Galo or the Renegades, employees, agents, and volunteers from and against any liability arising out of or connected in any way with my and/or any Minor's participation in this class or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. I understand that accidents and injuries can arise from participation in this class or activity, knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of me and/or the above named Minor and to release and to hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to me and/or the above named Minor (or my/our heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on my/our heirs and assigns.

I have read and agreed to the registration and program policies, further, I agree to allow use of my image, quotations, comments or statistical information and/or that of the above named Minor, which may be captured through video, photo, digital camera or other media, for the AIM CENTER's or Roger Galo's promotional materials and publications. By my signature below, I acknowledge that I have read this document and understand its contents.

Signed: _____ (Relationship): _____ Date: ____/____/____

Signed: _____ (Relationship): _____ Date: ____/____/____