### **Registration Form**

# New Heights Basketball Camp

June 17 - 21, 2024

Required age<sup>5</sup>: Entering 6th grade through age 27

	Date of Birth:
	Age:
<u>Name:</u>	
Height: Ft In Weight: L	os.: Shirt Size:
City: State: ZIP	
Church Name:	
Pastor:	
Father/Guardian:	
Mother/Guardian:	
Call Phone #•	

### New Heights Athletics-50 Iron Gate Drive Zebulon NC 27597 Contact Info: Phone (318) 402-2473 Camp Website: https://www.newheightsathletics.org

Check-in time will begin at 5:00, Monday, June 17 Location of check-in: Beacon Baptist Church 2110 Trawick Rd. Raleigh, NC 27604

# <u>Camper Code of Conduct Form</u>

No alcoholic beverages, tobacco in any form, E cigarette, vapes, video games, knives, pets, fireworks, non-prescription drugs, or weapons of any kind are allowed at camp. No see-through or mesh-like material shirts, shirts with questionable pictures or emblems. No earrings or necklaces. Any camper failing to uphold the camp rules or unwilling to cooperate with camp authorities will be sent home at the individual's own expense.

"I understand and agree to comply with the Camper Code of Conduct for the New Heights Basketball Camp"

Signature of Camper_		<del>_</del>
Date:	_	

#### Please Note:

- You MUST have health insurance to attend camp.
- Include a photocopy of your insurance card with your registration information.

### WHAT TO BRING

- ✓ Bible
- ✓ Toothbrush & Toothpaste
- ✓ Money for offering or Snack shop
- ✓ Soap, shampoo, & deodorant
- ✓ Basketball Shoes
- ✓ T-shirts and knee-length shorts for practices

## Medical And Insurance Information

Medical Condition We Need to Be Aware Of:	
Physical Restriction:	
Instruction and Medications Taken Regularly:	
Date of Last Tetanus or Booster:	
List of Allergies:	
Insurance Company:Policy Number:	
Parent/Guardian Signature:	
Emergency Contact:	
Coll Number:	

# New Heights Basketball Camp

Liability Release Form

#### ACKNOWLEDGMENT OF RISK / WAIVER OF LIABILITY

I acknowledge and fully understand that I will be participating and engaging in activities that involve the risk of serious injury, including permanent disability, death, and severe social and economic losses. This may result from my own or other actions, inactions, or negligence, the rules of play, or the condition of the premises or any equipment used. I further acknowledge and understand that there may be other unknown risks not reasonably foreseeable at this time and agree to assume all the foregoing risks and accept personal responsibility for the damages following any such injury, permanent disability, or death, and hereby forever release discharge, and covenant not to sue and/or otherwise indemnify New Heights Basketball Camp, New Heights Athletics, Way of Life Baptist Church or Fellowship Baptist Church in Clayton, North Carolina, Beacon Baptist Church in Raleigh, North Carolina, their affiliated organizations and sponsors, coaches, managers, employees and associated personnel, officers, directors, agents, including the owners of premises used to conduct the camp from any and all liability to me, my heirs or next of kin for any and all against any claim by or on my behalf as a result of my participation in the New Heights Basketball Camp and/or transportation to or from the same. I hereby agree to individually provide for all present and possible future medical expenses that I may incur because of any injury sustained while participating at or for New Heights Basketball Camp.

I acknowledge that I have health insurance and I will provide a photocopy of my valid insurance.

Camper's Name (Please print)		
Camper's Signature	Date:	
Parent / Guardian Signature	Date:	

Please Sign and Return to:

New Heights Athletics

Attn: New Heights Basketball Camp

50 Iron Gate Drive

Zebulon, NC 27597