



UNDER ARMOUR.

www.CONNECTICUTELITEBASKETBALL.com
CTELITEBASKETBALLREGISTRATION@HOTMAIL.COM

2018 Summer - Connecticut Elite Skills Camp

Registration Form

Skills Training and Experienced Coaches!!!!

Name _____

Emergency Contact Name and Number _____

Grade (circle): 4, 5, 6, 7, 8, 9, 10, 11, 12

Address _____

City _____ State _____ Zip _____

Email Address: _____

Telephone: Home _____

Work _____ Cell _____

Medication/Special Instructions _____

AAU team and Coach _____

Skill Level: Advanced Intermediate Beginner

Gender: Boy



**August 13-17, 2018. Session Options on website.
Insports Center. 29 Trefoil Drive. Trumbull, CT 06611**

Payments:
Options posted on the website.

Safe pay through Pay pal is an option (finance charges apply)

Mail Check and Registration form to:

Connecticut Elite Basketball
P.O. BOX 2852
Meriden, CT 06450

By signing below I release Connecticut Elite Basketball Program, Under Armour, Jason Riccitelli, camp directors, camp coaches or any event facility/location, owner, employee, and/or affiliate from all present and future claims that may be made by the participant, me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising from participation in any Connecticut Elite Basketball Program event, program, or activity. I hereby authorize camp directors to act on my behalf in their best judgment in any emergency medical situation. I am the Parent/Guardian of the participant, and I have read this form and understand that by signing this form, I am giving up legal rights and remedies. I give Connecticut Elite permission to photograph, video, and/or record myself or my child to use for promotional and/or advertising purposes. I am also taking on full responsibility for all financial obligations associated with the program listed above and understand there will be no refunds. I understand I am solely responsible for payment of any such medical expenses. I understand that my payment is non-refundable, non-transferable under any circumstances, including injuries sustained, conflict of schedule and illness. Also products cannot be given in lieu of any refunds. I also understand that any camper who does not abide by camp facility rules or regulations is subject to dismissal without refund or recourse.

Parent/Guardian Signature: _____

Date: _____

Print Name: