Local Legends Basketball Camp 2017 Registration

11621 Robious Road, Midlothian, VA 23113
Phone: (804) 464-0997 Fax: (804) 794-8160

acac
Fitness & Wellness Centers

Parent Information

Name _____

Home Address _____ Phone _____

☐ Family Membership *(includes camper)* ☐ Non-member

Camper Information

Camper's Full Name _____ Date of Birth _____

Grade in Fall _____ ☐ New Camper ☐ Returning Camper

Camp Weeks:

☐ **July 17 - 21** *Featuring VCU's Bradford Burgess* (Grades 2nd - 10th)

☐ **July 24 - 28** *Featuring VCU's Bradford Burgess* (Grades 2nd - 10th)

☐ **July 31 - August 4** *Lil' Legends with Coach Ryan Marable* (Grades 1st - 5th)

Drop-off: 9:00 - 9:30am

Time: 9:30am - 1:30pm

Days: Monday - Friday

Location: Trinity Episcopal School
3850 Pittaway Drive
Richmond, Va 23235

Payment Options

☐ $175 (make checks payable to **acac**)

☐ $155 **acac** member (charge to **acac** account)

Parent/Guardian Consent and Agreement:

I am requesting that the named camper be admitted to **acac** Summer Camp and I understand the nature and scope of the summer camp listed above and will adhere to all policies of the summer camp. I understand that there are risks and dangers associated with summer camp. I understand that it is not the function of the Atlantic Coast Athletic Clubs of Virginia, Inc. (**acac**), its employees, agents, operators, or instructors to guarantee the safety of participants with respect to summer camp. I also understand that each participant has the responsibility to exercise due care in the performance of summer camp activities for the safety of himself/herself and the other participants. In the event that I cannot be reached in an emergency involving the above named participant, I hereby give permission to the appropriate medical personnel, selected by Camp Directors, to provide medical treatment deemed necessary by such personnel. Also, if I enroll my child in an event that will need transportation, my signature below signifies that I give permission for my child to be transported from **acac** Summer Camp to the appropriate destination via **acac** bus. **acac** will provide notice the day prior to an event needing transportation, I will then have the opportunity to withdraw my child from such an event.

In consideration of the participants being permitted to enroll in summer camp, I hereby release, indemnify, and hold harmless **acac**, its employees, operators, counselors, and instructors from any and all claims and demands, costs, charges, and expenses for harm, injury, damage, or loss which may be sustained by the participant as a result of or relating to participation in summer camp.

I understand all payments must be done through a check or an Electronic Funds Transfer (EFT). The EFT agreement must be completed during registration. Weeks must be chosen by June 1, 2017.

Any cancelled weeks are 50% of the registration cost, or future monthly payment if recieved two weeks prior to the start of the week. All payments are non-refundable without a two week written notification.

☐ **I HAVE READ, AND I UNDERSTAND, THE ABOVE LIABILITY RELEASE.**

_____ Date: _____
Parent/Guardian Signature