



## REGISTRATION FORM

<input type="checkbox"/>	WEEK 1 June 11-15
<input type="checkbox"/>	WEEK 2 June 18-22
<input type="checkbox"/>	WEEK 3 June 25-29
<input type="checkbox"/>	WEEK 4 July 2-6
<input type="checkbox"/>	WEEK 5 July 9-13
<input type="checkbox"/>	WEEK 6 July 16-20
<input type="checkbox"/>	WEEK 7 July 23-27
<input type="checkbox"/>	WEEK 8 July 30-Aug 3
<input type="checkbox"/>	WEEK 9 Aug 6-10
<input type="checkbox"/>	WEEK 10 Aug 13-17

PARTICIPANT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

EMAIL ADDRESS (MOM/DAD): \_\_\_\_\_

PARENT NAME (MOM): \_\_\_\_\_ PARENT NAME (DAD): \_\_\_\_\_

BASKETBALL SKILL LEVEL (CIRCLE ONE): Recreational  Travel  Beginner

SHIRT SIZE (CIRCLE ONE): S  M  L  XL  XXL

### WHAT'S NEEDED:

1. Complete all the information on the registration application including the waiver below.
2. Include a check for the weeks that you have selected above, made payable to: CBF Sports Management
3. Mail all the materials and completed application to:
4. Cost per week \$165 (sign up for 3 weeks at once \$450, sign up for 4 weeks at once \$580) The special only applies when you sign up all once. You may mix match the weeks.



**WAIVER:**

I hereby hold Benny Fragela Basketball Camp/CBF Sports Management and its staff free from liability should any injury or illness befall my son or daughter in attendance at the Benny Fragela Basketball Camp/CBF Sports Management. I also authorize the coaches and staff of Benny Fragela Basketball Camp/CBF Sports Management to secure medical treatment should my son or daughter not be able to request such treatment for themselves. I have no knowledge of any existing physical impairment that would affect my son or daughter the participation in this program. In addition, I authorize Benny Fragela Basketball Camp/CBF Sports Management to use any photography of my son or daughter taken during the program for use in publicizing and advertising future Benny Fragela Basketball Camps/CBF Sports Management.

PRINT NAME PARENT / GUARDIAN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

EMERGENCY CONTACT #1: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMERGENCY CONTACT #2: \_\_\_\_\_

PHONE: \_\_\_\_\_

**AUTHORIZE PICK UP LIST**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Send all correspondence to:  
CBF Sports Management  
c/o  
Benny Fragela Basketball Camp  
6619 South Dixie Hwy #302  
Miami, Florida 33143

For More Information Contact: Benny Fragela  
786.853.0315 or Email Benny@CbfCamps.com