

HOOPS 4 LIFE

Clinic and 3 x 3 Tournament

Please bring: gym shoes, water bottle & a positive attitude! Lunch and t-shirt are included. Anyone can participate, and families are welcome.

STUDENT INFORMATION

Name (First, Last) Age

Address (Street, City, State, Zip)

Date of Birth Grade Level

Please circle one: Male | Female | Prefer Not to Specify

Does your child have allergies? Please list:

STUDENT EMERGENCY CONTACT

Name (First, Last)

Relationship to Student

Emergency Contact Number

SIGNATURE OF PARENT OR GUARDIAN

By signing this form you agree that the partners of the leadership and the basketball camp do not assume any responsibility for damages to or loss of participant property, personal illness or injury. By signing this form you also consent to the use of photography/videographic likeness or portrait for the purpose of news dissemination, public information or marketing and allow for photos or video to be published.

.....
Parent/Guardian Signature

.....
Date

CONTACT

To volunteer or if you have additional questions:

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