1 MOVEMENT HOOPS CAMP REGISTRATION FORM

SEND THIS FORM: 1 MOVEMENT HOOPS / P.O Box 46071 / KANSAS CITY, MO 64134

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	1 MOVEMENT BASKETBALL CAMP SEPTEMBER 4-6, 2020	-					
		1					
The following roster / waiver must be completed including parent or							
legal guardian signature prior to participation.							
	Campers Name	Grade	Uniform Size	Pa	rents Email Addre	ss	Parent Signature

We, the above signed, understand that basketball carries an inherent risk of serious injury and do not hold the organizers, staff, any camp sites, persons or parties involved with this camp responsible for any injuries/death occurred while participating in the *1 Movement Hoops Camp* or any other Camp or event sponsored by 1 Movement Hoops. We further understand that it is our sole responsibility to provide medical insurance for our son/daughter in the event any such injury should occur.