



Registration Form

Please Check:	Boy		Girl		Age:				
Camper's Name:									
Address:									
City:				State:			Zip Code:		
Contact Name:				Alt. Contact Name:					
Emergency Contact Number:									
Alt. Emergency Contact Number:									
E-Mail Address:									

Check Week(s) Attending:

	June 11 - 15	(South Broward High)
	June 18 - 22	(South Broward High)
	June 25 - 29	(South Broward High)
	July 9 - 13	(Cooper City High)
	July 16 - 20	(Cooper City High)
	July 23 - 27	(MDC Kendall Campus)
	July 30 - Aug 3	(MDC Kendall Campus)
	Aug 6 - 10	(MDC Kendall Campus)

Cost:

1 Week Session = \$315.00

Additional Sessions = \$315 for 1st Week and \$295 for Additional Week(s)

Snack Shack (Optional) = Recommended Minimum of \$10

What is Snack Shack? Snack Shack is an optional snack sale we offer at each session. Each item costs \$1.00 and participants can purchase any combination of snacks equal to the amount they have paid for in advance. For example, if they purchase a \$10 Snack Shack, the participant can purchase up to 10 items over the span of the session. We suggest you purchase a \$10.00 Snack Shack, but you are free to purchase a Snack Shack in any amount. The prepaid amount is **non-refundable**, even if the total amount is not used. Daily lunch is still provided with each session. The Snack Shack option is in addition to lunch. Snack Shack sales are **non-refundable** regardless of whether or not the participant uses the complete amount purchased.

Space is limited. Payment in full is required to reserve a spot. First come, first served. Refunds will be issued minus a \$50 reservation fee. By providing the above contact information, you are consenting to receive future communications, including facsimiles, about HEAT Group promotions and events.

Miami HEAT Season Ticket Holders receive a 10% discount off the cost of camp* by entering their MyHEATSeasonTickets ID#: *Snack Shack **not** included.

\$	Total Amount for Snack Shack (Optional) - (See Costs Above)
\$	Total Amount for Camp (See Costs Above)
\$	Total Amount Paid

Method of Payment:	Check (Payable to Miami HEAT Basketball Camps):					
	Credit Card Type:					
Card Number:				Exp. Date:		
Name on Card:						
Billing Address:						
City:				State:		
Signature:						

Medical Form

Please fill out completely and sign below

Family Physician: _____

Physician's Office Phone: _____

Allergies: _____

Date of Last Tetanus: _____

Medications: _____

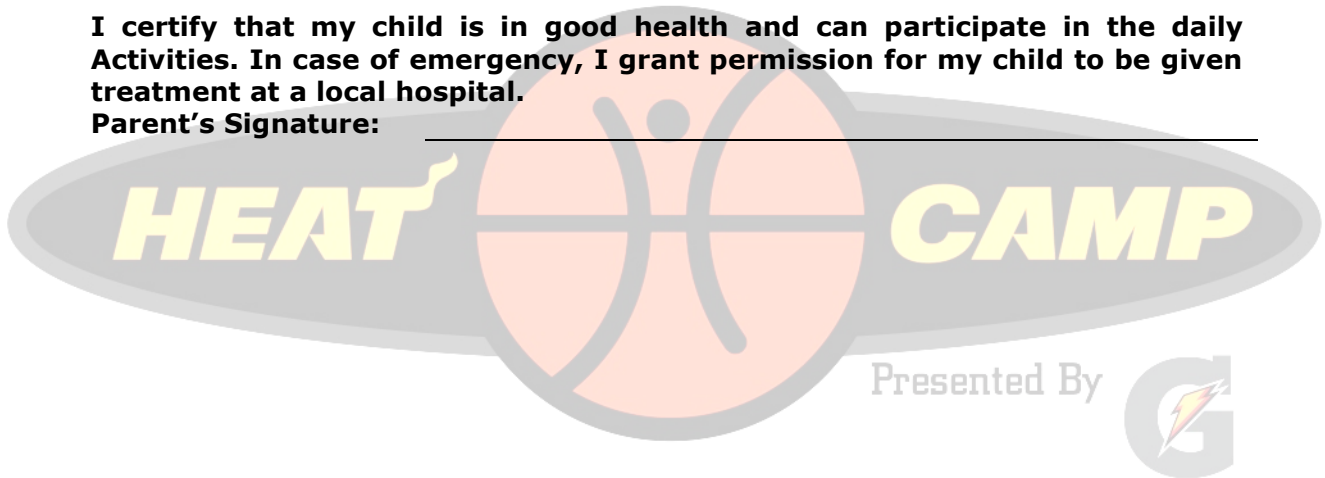
In Case of

Emergency, Contact: _____

Phone: _____

I certify that my child is in good health and can participate in the daily Activities. In case of emergency, I grant permission for my child to be given treatment at a local hospital.

Parent's Signature: _____



WAIVER AND RELEASE OF LIABILITY

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned, on behalf of his/herself and his/her minor child, does hereby release, acquit and forever discharge and hold harmless the Miami Heat Limited Partnership, AmericanAirlines Arena, Basketball Properties, Ltd., the City of Miami, Miami-Dade County, Miami-Dade College, The School Board of Broward County, the National Basketball Association and its Member Teams, and each of their respective parents, subsidiaries, affiliates, directors, partners, officers, governors, employees and agents (collectively "Releasees") to the fullest extent permitted by law from and against any and all claims, damages, causes of action, or demands whatsoever (collectively "Damages") relating to or arising out of my child's participation in the Miami Heat Basketball Camp, whether or not such Damages are caused in whole or in part by the negligence, willful acts or omissions of any of the Releasees.

I grant full permission to the Releasees, by any means, whether now known or hereinafter developed to exhibit, record, reproduce, broadcast, transmit, publish, sell, distribute, perform, use and re-use, for any purpose, in any manner, without further notification, authorization or compensation to me, my child or anyone on either of our behalf's, my child's name and likeness, and any photographs, videotapes, motion pictures, images or other record of participation (or any part or parts of my child's participation) in the Miami Heat Basketball Camp in any and all media, whether now known or hereafter developed, worldwide and in perpetuity and I represent and warrant that no further permission is required for the Releasees to use same as provided herein.

I further assume all risk of property damage and/or personal injury (including permanent disability and death) arising out of my child's participation in the Miami Heat Basketball Camp, howsoever caused or arising and accept personal responsibility for the damages following such property damage, injury, permanent disability or death.

I further represent and warrant that: (i) I have the right to authorize my child's participation in the Miami Heat Basketball Camp, and (ii) I have full authority to execute this Waiver and Release of Liability and do so with full knowledge of the facts and circumstances surrounding my child's participation in the Miami Heat Basketball Camp and the rights that I am granting herein.

I acknowledge that I have read and fully understand the foregoing.

Participant's Name: _____

By: _____
(Signature of Parent/Guardian)

Print Name: _____

Address: _____

Date: _____

Please make check payable to:
Miami HEAT Basketball Camps

Mailing Address:
Miami HEAT Basketball Camps
601 Biscayne Blvd.
Miami, FL 33132

Fax (786)777-1608

For more information, please call 786-777-4113 or email jgoshin@heat.com

