

Registration Form

_____ Boy _____ Girl

Age: _____

Camper's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Mother's Name: _____

Daytime Phone: _____

Father's Name: _____

Daytime Phone: _____

E-Mail Address: _____

Check Week(s) Attending:

_____ June 9 – 13 (South Broward High)

_____ June 16 – 20 (South Broward High)

_____ June 23 – 27 (Everglades High)

_____ July 14 – 18 (South Broward High)

_____ July 28 – Aug 1 (Miami-Dade College Kendall Campus)

_____ Aug 4 – 8 (Miami-Dade College Kendall Campus)

Totals

_____ Total Amount for Weeks (See Costs Below)

_____ Total Amount for Snack Shack (Optional) – (See Costs Below)

_____ Total Amount Enclosed:

Cost:

1 week session = \$275.00
Additional sessions = \$275 for 1st Week and \$250 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. Items include soda, chips and candy. 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 \$20 Snack Shack, the participant can purchase up to 20 items over the span of the session. We suggest you purchase a \$20.00 Snack Shack, but you are free to purchase a Snack Shack in any amount. The prepaid amount is nonrefundable, 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. By providing the above contact information, you are consenting to receive future communications, including facsimiles, about HEAT Group promotions and events.

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

Please read carefully.

This document is a waiver and release of liability. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned does hereby release, acquit and forever discharge the National Basketball Association, the Miami HEAT Limited Partnership, a Florida limited partnership, The School Board of Broward County, Miami-Dade Community College, AmericanAirlines Arena their officers, directors, Partners, agents, sponsors, employees, coaches, trainers, players, counselors, physicians, insurers, successors and assigns and all other persons, organizations, and corporations affiliated therewith (collectively referred to as the "Releasees"), and each of them, of and from any and all liability, claims, demands damages, actions or causes of action, suits or causes of suit, arising from or involving, in whole or in part, the negligence or gross negligence of any one or more of the Releasees, that undersigned has now or may have in the future by reason or any cause or thing whatsoever which has occurred or might occur in the future, and specifically, without limitation of the foregoing, of and from any and all claims for property damage or personal injury, death, disability, loss of income or other damages arising out of or relating to the undersigned's minor child's participation in the Miami HEAT Dancers Camp.

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____
Signature: _____
Date: _____

Mail with payment to:
Miami HEAT Basketball Camps
601 Biscayne Blvd.
Miami, FL 33132

For more information call 786-777-4113