

**ROGER GALO 2018 Basketball Shooting Camps & Clinics  
Registration/Release Form**

**Please check the camp of your choice:**

- June 25th - June 28th, 9:00 to 3:00
- July 16th - June 19th, 9:00 to 3:00
- July 30th - Aug 2nd, 9:00 to 3:00

(One Camper per form)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Camper's Birth Date \_\_\_/\_\_\_/\_\_\_ Height \_\_\_\_\_

School: \_\_\_\_\_ AAU Team: \_\_\_\_\_

- \$249.00 Current Renegades Member
- \$275.00 Non-Renegades Member

- ☆ Campers are responsible for packing a lunch each day. Nutritional snacks are permitted as well.
- ☆ Campers are strongly urged to bring their own ball. Please put your initials on it.
- ☆ Campers are also urged to bring a notebook to camp. There is going to be lots of valuable information.

**\*\*\*Information must be signed and sent with registration form and check\*\*\***

Roger Galo  
366 Tulpehocken Avenue  
Elkins Park, PA 19027

Any and all inquiries can be directed directly to Roger Galo, (610) 909-8563  
or **email:** rogergalo123@gmail.com

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**WAIVER**

In consideration of participation in a class or activity offered by Roger Galo of THE AIM CENTER, I, the undersigned for myself and/or as the parent/guardian of the Minor named above, agree to indemnify and hold THE AIM CENTER, Roger Galo or the Renegades harmless and hereby waive, release and discharge any and all claims for damage, for death, personal injury, bodily injury or property damage which I and/or the Minor may have or which hereinafter may accrue to me and/or the Minor against THE AIM CENTER, Roger Galo or the Renegades, employees, agents and volunteers from and against any liability arising out of or connected in anyway with my and/or any Minor's participation in this class or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. I understand that accidents or injuries can arise from participation in this class or activity, knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of me or the

above named Minor and to release and to hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to me and/or the above named Minor (or my/our heirs or signees) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on my/our heirs and assigns.

I have read and agree to the registration and program policies> Further I agree to allow use of my image, quotations, comments or statistical information and/or that of the above named minor, which may be captured through video, photo, digital camera or other media, for THE AIM CENTER's or Roger Galo's promotional materials and publications. By my signature below, I acknowledge that I have read this document and understand its contents.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_