

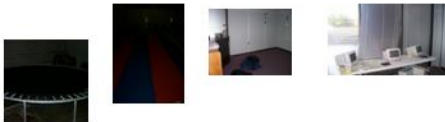
MISSION STATEMENT

TO ASSIST YOUTH WITH THE DEVELOPMENT OF LEADERSHIP SKILLS, TEAM SPIRIT, AND PRIDE THROUGH HEALTHY COMPETITION. OUR GOAL IS NOT TO TEACH HOW TO WIN, BUT TO ENCOURAGE CHILDREN TO PARTICIPATE IN ACHIEVING GOALS BY WORKING AS A TEAM.

EACH CHILD WILL CHOOSE FROM ANY OF THE FOLLOWING ACTIVITIES:

- BASKETBALL DANCE
- CHEERLEADING SOCCER
- FOOTBALL BASEBALL
- SOFTBALL TRACK
- CONDITIONING TUTORING
- WE ALSO OFFER:
- ARTS & CRAFTS GAME ROOM
- COMPUTER LAB MOVIE ROOM
- SWIM LESSONS OPEN SWIM

* ALL CAMP PARTICIPANTS SHOULD BRING ALL NECESSARY EQUIPMENT, SUITABLE CLOTHING, AND SHOES!



REGISTRATION FORM

CAMPERS NAME: _____

PARENTS NAME: _____

PARENTS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

DAY PHONE: _____

EMAIL: _____

GRADE COMPLETED: _____ AGE: _____

SCHOOL: _____

GENDER: _____ MALE _____ FEMALE

T-SHIRT SIZE: _____

DO YOU HAVE TWO OR MORE CHILDREN?
 IF SO NAMES AND AGES: _____

INSURANCE INFORMATION:
 INSURANCE COMPANY: _____

POLICY NUMBER: _____

PHYSICIAN _____

PHYSICIAN NUMBER: _____

EMERGENCY CONTACT: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

DOES THE PARTICIPANT HAVE ANY ALLERGIES, MENTAL INJURIES, ETC., THAT WE NEED TO KNOW ABOUT? _____

DOES THE PARTICIPANT HAVE/HAD ANY BROKEN BONES OR BACK INJURIES? _____

IS THE PARTICIPANT ON ANY MEDICATIONS? _____

CONSENT OF TREATMENT LIMITATION AND WAIVER OF LIABILITY

I HEREBY WAIVE ALL LIABILITY CLAIMS FOR DAMAGES FOR PERSONAL INJURY, INCLUDING ACCIDENTAL DEATH, AS WELL AS FROM CLAIMS FROM INJURY, ILLNESS, AND/OR OTHER MISHAP WHICH MAY ARISE IN CONNECTION WITH GLOBAL ALL STAR BASKETBALL & CHEERLEADING FACILITY INC. AGAINST THE SUPERVISOR, DIRECTORS, COACHES, OWNER, AND ITS ELECTED AND APPOINTED OFFICIALS, AGENTS, AND EMPLOYEES. AS PARENT/GUARDIAN, I HEREBY CONSENT TO TREATMENT OF MY MINOR CHILD FOR ANY AND ALL MEDICAL PROCEDURES DEEMED NECESSARY AS A RESULT OF AN ACCIDENT OR INJURY. I AUTHORIZE THE NECESSARY MEDICAL TREATMENT AND ADMISSION TO ANY HOSPITAL DESIGNATED BY SPORTZ CENTER ACADEMY. IT IS UNDERSTOOD THE PARENTS WILL BE CALLED UPON TO GIVE AUTHORIZATION IF ADVANCED TREATMENTS (SURGICAL, LAB TEST, ETC.) ARE NECESSARY.

PARENTS NAME (PRINTED): _____

SIGNATURE _____

DATE _____

SPORTZ CENTER ACTIVITIES

MARCH—AUGUST AAU/
YBOA BASKETBALL

APRIL—AUGUST COM-
PETITIVE CHEERLEADING/DANCE

MAY—AUGUST SUMMER
CAMP

JULY-NOVEMBER YOUTH
FOOTBALL & CHEERLEADING

AUGUST—MAY AFTER
SCHOOL ACTIVITIES FOR
SCHOOL AGE CHILDREN

NOVEMBER—MARCH REC
BASKETBALL/CHEERLEADING

SPACES ARE LIMITED, REGISTER
TODAY

WE OFFER THE FOLLOWING PRO-
GRAMS:

AFTER SCHOOL ACTIVITIES FOR SCHOOL AGE
CHILDREN

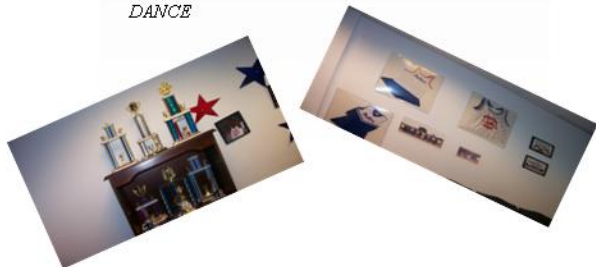
BASKETBALL TRAINING

TUTORING

SPORTS CONDITIONING

CHEERLEADING

DANCE



SPORTZ CENTER ACADEMY IS DEDICATED TO PROVIDING YOUR CHILD WITH THE BEST INSTRUCTIONAL PROGRAM TO HELP DEVELOP YOUR CHILD SKILLS. WE FEATURE THE BEST AND BRIGHTEST INSTRUCTORS, HAVE OUR OWN GYM, GUEST LECTURES, TEAM BUILDING, USE OF EDUCATIONAL VIDEOS, AND INDIVIDUAL EMPHASIS ON YOUR CHILD WEAKNESS.

SUMMER CAMP

AGES 5-14

7AM-6:30PM

BREAKFAST & LUNCH

CAMP T-SHIRT

FIELD TRIPS

SWIMMING LESSONS AVAILABLE

CONCESSION STAND

DISCOUNTS FOR 2 OR MORE CHILDREN

BASKETBALL GAMES AGAINST
OTHER CAMPS ON FRIDAYS

SPORTZ CENTER ACADEMY
5330 SNAPFINGER WOODS DRIVE

DECATUR, GA 30035

WWW.SPORTZCENTER.ORG

770-593.3149 OFFICE

770.987.1188 FAX

SPORTZ CENTER ACADEMY SUMMER CAMP



\$20 REG/ \$60 PER. WEEKLY
WWW.SPORTZCENTER.ORG

770-593.3149