

Shoot2Score Hoops Basketball Camp  
2019 Crawford  
Houston, TX 77002



**Camper Information**

Name of camper: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_

Gender: Male: \_\_\_\_ Female: \_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**Waiver Release**

I hereby release Marcus Sloan, St. John's Church and any Shoot2Score Hoops employees from any injury or illness that may result from participation in camp. I certify that my child is in good physical health and can participate in all camp activities. I grant permission for the camp directors to act on my behalf in case of medical emergency. I understand that I am responsible for all medical expenses.

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Contact in case of emergency

\_\_\_\_\_  
Contact phone number