



# 2021 ALAZAR'S CO-ED YOUTH BASKETBALL CAMP

**WHO:** Boys & Girls born in 2010, 2011, & 2012  
(proof of date of birth needed for the first day registration)

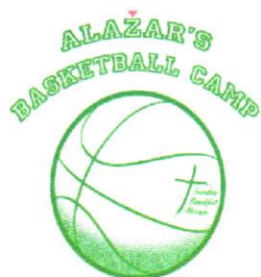
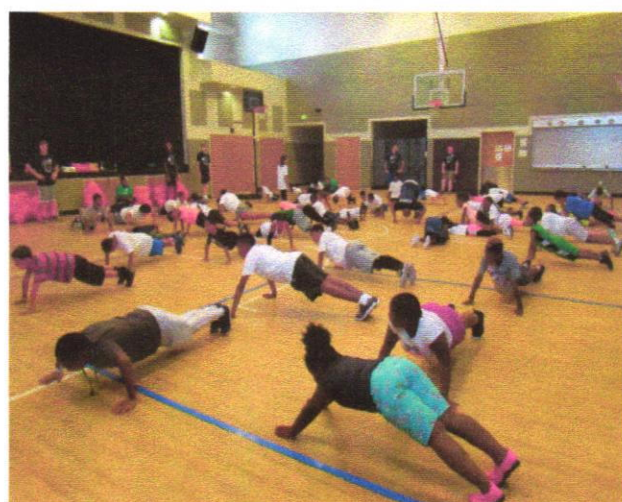
**WHAT:** Free Fundamental Basketball Day Camp

**WHEN:** June 28th—July 2nd from NOON to 3 PM

**WHERE:** 110 N. Poplar St., Wilmington, DE—302-656-8542

**WHY:** Improve basketball skills, have fun, & make new friends

**LUNCH PROVIDED!  
PRIZES AWARDED!**



**Reserve Your Child's Space**  
**Now!**

Register online:  
[www.sundaybreakfastmission.org/  
basketball-registration](http://www.sundaybreakfastmission.org/basketball-registration)



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Sponsored by  
Boulden Brothers, Inc

**Or Mail/Drop-off the completed form located on the back of this page to:**

**Sunday Breakfast Mission, 110 N. Poplar St., Wilmington, DE 19801**

**Walk-in registration (if slots available): NOON on first camp day.**

# Alazar's Co-Ed Basketball Camp Registration



**CHILD(REN) BEING REGISTERED**

Last Name	First Name	Date of Birth: Mo./day/yr.
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Parent's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

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

**The consent sections must be completed & signed by parent or guardian!**

**WAIVER AND RELEASE OF LIABILITY**

In consideration of the risk of injury while participating in Sunday Breakfast Mission "Alazar's Co-Ed Youth Basketball Camp" and as consideration for the right to participate in the Sunday Breakfast Mission "Alazar's Co-Ed Youth Basketball Camp" I knowingly and voluntarily enter into this waiver and release of liability and waive any and all rights, claims or causes of action of any kind whatsoever arising out of my child's/children's participation in the basketball camp and hereby release and forever discharge Sunday Breakfast Mission located at 110 N. Poplar Street, Wilmington, DE, their affiliates, managers, members, agents, staff and volunteers for any injury that my child(ren) may suffer as a direct result of his/her participation in this basketball camp including traveling to and from this activity.

My child(ren) is/are voluntarily participating in the "Alazar's Co-Ed Youth Basketball Camp" entirely at his/her own risk and I am aware of the risks associated with including traveling to and from as well as participating in this activity. I acknowledge that I have carefully read this "waiver and release" and fully understand that this is a release of liability.

\_\_\_\_\_ (parent/legal guardian initial)

**MEDICAL WAIVER**

In the event that my child(ren) should require medical care or treatment I agree to allow Sunday Breakfast Mission to take the necessary steps to seek medical treatment at the nearest medical facility.

\_\_\_\_\_ (parent/legal guardian initial)

In the event that my child(ren) should require medical care or treatment I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

\_\_\_\_\_ (parent/legal guardian initial)

**GENERAL PERMISSION**

My child(ren) have permission to leave on their own at 3p.m. after camp. YES \_\_\_\_\_ NO \_\_\_\_\_

My child(ren) will only be released to (NAME) \_\_\_\_\_ (Cell) \_\_\_\_\_ at 3pm after camp.

**MEDIA DISCLAIMER**

I recognize my Child(ren) may be photographed/videoed while participating in SBM's "Alazar's Co-Ed Basketball Camp" and their photo/video may be used at Sunday Breakfast Mission's discretion.

SIGNED: \_\_\_\_\_  
Parent/Legal Guardian

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
Sunday Breakfast Mission Representative

DATE: \_\_\_\_\_