

NEW JERSEY BASKETBALL ACADEMY PARENT/GUARDIAN CAMP CONSENT FORM

Please check **NEW JERSEY BASKETBALL ACADEMY** camp location:

LITTLE FALLS **MT. ST. DOMINIC** **VERONA** **WAYNE**

THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO THE FIRST DAY OF CAMP.

CHILD'S NAME: _____

I am picking up my child from camp. YES NO (please circle one)

Someone other than myself is picking up my child at camp. YES NO (please circle)

NOTE: Each camper will not be released to anyone other than the parent or legal guardian without this signature. If car-pooling, please list all potential drivers.

I, the undersigned, hereby grant permission for the following people to pick up my child at the conclusion of the New Jersey Basketball Academy camp each day. PLEASE PRINT NAME(S).

- 1.
- 2.
- 3.
- 4.

I understand that the Camp Director reserves the right to dismiss any camper exhibiting behavior detrimental to the goals of the camp or that infringes on the rights of other campers to enjoy a safe and orderly environment, and in the event of this unfortunate circumstance, the tuition of the dismissed camper will not be refunded.

I understand all pictures, video and other media taken at camp is the exclusive property of the New Jersey Basketball Academy, LLC, or our designee, and may be used at our discretion.

Parent's name: _____ Signature: _____ Date: _____

Parent's name: _____ Signature: _____ Date: _____