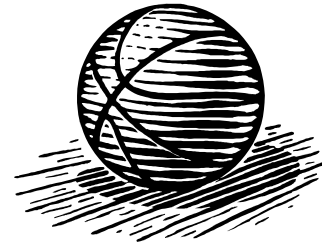


Basketball Season & Camp Registration



Please Note That No Registrations Will Be Accepted Without Payment.

(AMICC does not turn any child away for lack of fees. Scholarships available for those that qualify.)

The Below Information is required for county funding. Thank You

PLEASE CIRCLE ALL THAT APPLIES

Race: Black/African American Ethnic Group: Hispanic
 Asian/Pacific Islander Haitian
 White/Caucasian Bi-racial
 American Indian/ Eskimo Other
 Other Other

Member Season:.....\$55
Member Camp:.....\$20
Member Season + Camp.....\$70
Non-Member Season..... \$70
Non-Member Camp:..... \$30
Non-Member Season + Camp.....\$95
Youth Membership:.....\$30

Players Name _____

Phone Number: _____

Age on 11/14/08: _____ Date of Birth: _____

Address _____

P.O. Box: _____

City: _____ Zip: _____

E-Mail Address: _____

Parent/Guardian Name: _____

Work Number: _____ Cell Number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

TOTAL AMOUNT DUE: _____

THERE WILL BE A \$10 LATE FEE FOR ANYONE WHO SIGNS UP AFTER NOV. 14TH!!!!

Please advise us of any special instructions or needs regarding health of participant:

In consideration of your accepting my/our registration fee, I hereby, for myself, my dependent(s) and minor children, and our executors and administrators, waive and release any and all rights and claims for damages I or my dependent(s) or minor children have or may have against Anna Maria Island Community Center and its representatives, successors, employees, contractors, or volunteers (collectively AMICC) for any and all injuries of death suffered by myself, my dependent(s) or minor children at any activity sponsored or monitored by AMICC, help upon its property, or through the use of it's equipment. If I or my minor children or dependent(s) should suffer any injury, illness or death while participating in an activity, I authorize AMICC instructors to use their sole discretion in having me or my dependent(s) and minor children transported to a medical facility and I take all responsibility for this action, including costs. I authorize the medical facility to render any emergency treatment deemed necessary. Also, I understand that no refunds are given unless the activity is canceled or a doctor's release is presented. I understand that this release is a full and final release of all claims of any nature whatsoever for myself, my minor children or dependents including but not limited claims arising due to the sole joint, contributory, concurrent or gross negligence of AMICC. I understand that this release includes my minor children and I represent that I am the authorized guardian for my minor children. I hereby authorize AMICC and local newspapers to take pictures of my child and understand that these photos become the property of AMICC and/or the newspaper. I hereby give AMICC permission to take pictures of me and to put the finished pictures on the island community centers web site. I understand that these pictures will be accessible to anyone with Internet access and may be used in a promotional setting; however, no names of subjects will be published without written authorization.

Signature (Parent/ Guardian for child)

Date