VINCE CARTER YOUTH BASKETBALL ACADEMY
REGISTRATION
July 16-20, 2018
8:00 A.M.-12:00 NOON

FULL TUITION MUST ACCOMPANY THIS APPLICATION. Prior to July 2, 2018, pay by check, money order, cash, or credit card. After July 2, 2018, no checks will be accepted. DO NOT MAIL CASH. **Tuition opportunities: $180 before 12/24/2017; $200 before 3/15/18; $210 after 3/15/2018. Siblings receive a 15% discount. All monies payable to: Visions In Flight, P.O. Box 9596, Daytona Beach, FL 32120. Refunds for any reason, less $35.00 handling fee, will only be available until July 2, 2018.**

PERSONAL INFORMATION (Please complete all areas.)

Name _____ **Phone (_____)**_____

Address _____**City**_____ **State** ____ **Zip**_____

Grade (next year) _____ **Birthdate** _____ **Age** _____ **Sex** _____ **Height** _____ **Weight** _____

Email Address _____

Adult T-shirt size (circle one) XXL XL L M S **Youth T-shirt size** S M L

MEDICAL INFORMATION REQUIRED (All lines must be completed and returned as a part of registration.)

Emergency name and phone number to be used in the event of an injury that requires emergency treatment:

Name of Parent or Guardian _____ **Phone (____)**_____

Family Physician _____ **Phone (____)**_____

Medical/Accident Insurance Co. _____ **Policy No.** _____

Address of Insurance Co. _____

Policy in Name of _____ **Place of Employment** _____

Allergies _____ **Last Tetanus Shot Date** _____

I hereby certify that my son or daughter is in good health and may participate in all camp activities. I will not hold the School Board of Volusia County, Mainland High School, Visions In Flight, Inc., Vince Carter, or Vince Carter Youth Basketball Academy responsible in the event of an accident or injury as a result of his/her participation. I also give my permission for my child to be given emergency treatment at a local hospital. I understand that any serious violation or any other behavior deemed detrimental to the group will result in immediate dismissal from camp. There will be no refund of tuition should a camper be dismissed. I understand that all pictures, video and other media taken at camp is the exclusive property of Vince Carter, or his designee, and may be used at his discretion.

Parent or Guardian Signature _____ **Date** _____

PAYMENT

Date:_____ **Enclosed is my payment of** _____ **for my son/daughter to participate in the Vince Carter Youth Basketball Academy. Enclosed is** _____ **for each sibling of a full paid camper. (15% discount.)**

_____ **Cash**

_____ **Money Order**

_____**Check Number**

Please charge my ____ **VISA** ____ **MasterCard** ____ **American Express** ___ **Discover**

Credit Card # _____ **Exp. Date** _____ **V-Code** _____

Exact Name on Card _____

Credit Card Billing Address _____

Signature _____ **Date**_____

PHONE (386) 239-8215 FAX (386) 254-1718 WEBSITE: vincecarter15.com