# VINCE CARTER YOUTH BASKETBALL ACADEMY
# REGISTRATION
## July 20-23, 2023
## 8:00 A.M.-12:00 NOON

**FULL TUITION MUST ACCOMPANY THIS APPLICATION**. Prior to July 9, 2023, pay by check, money order, cash, or credit card. After July 9, 2023, no checks will be accepted. DO NOT MAIL CASH. **Academy cost is $175 per camper and a 15% discount for siblings.** **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 9, 2023.**

**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