VINCE CARTER YOUTH BASKETBALL ACADEMY REGISTRATION

July 16-19, 2024 8:00 A.M.-12:00 NOON

FULL TUITION MUST ACCOMPANY THIS APPLICATION. Prior to July 2, 2024, pay by check, money order, cash, or credit card. After July 2, 2024, no checks will be accepted. <u>DO NOT MAIL CASH.</u> <u>Academy cost is \$175 per camper and a 15% discount for siblings.</u> All monies payable to: Visions In Flight, P.O. Box 9596, Daytona Beach, FL 32120. <u>Refunds for any reason, less \$35.00 handling fee, will only be available until July 2, 2023.</u>

PERSONAL INFORMATION (Please complete all areas.)

Name			_ Phone ()		
Address	City		State :	Zip		
Grade (next year) Bin	thdate	Age	Sex	_ Height	_ Weight	
Email Address						
Adult T-shirt size (circle one)	XXL XL I	L M	S Youth	n T-shirt size	S M L	
	ATION REQUIRED (A					ation.)
Emergency name and phone n	umber to be used in the	e event of an	injury that re	quires emerger	ncy treatment:	
Name of Parent or Guardian _	_ Phone ()					
Family Physician	_ Phone ()					
Medical/Accident Insurance C	Policy No.					
Address of Insurance Co						
Policy in Name of		Place of E	mployment _			
Allergies Last Tetanus Shot Date						
I hereby certify that my son or da Volusia County, Mainland High S event of an accident or injury as a a local hospital. I understand tha dismissal from camp. There will media taken at camp is the exclus	School, Visions In Flight, I n result of his/her particip t any serious violation or be no refund of tuition sho	inc., Vince Car ation. I also giv any other beha ould a camper	ter, or Vince Ca ve my permission vior deemed de be dismissed. <u>I</u>	arter Youth Bas on for my child to trimental to the understand tha	ketball Academy res o be given emergency group will result in t all pictures, video a	ponsible in the y treatment at immediate
Parent or Guardian Signature			Date			
<u>PAYMENT</u>						
Date:Carter Youth Basketball Acad	Enclosed is my pa lemy. Enclosed is					
Cash	Please charge my	VISA _	MasterC	ard Am	erican Express	_ Discover
Money Order	Credit Card #			Exp. Date	V-Code _	
Check Number	Exact Name on Car	·d				
		d Billing Address				
	Signature Date					
						

WEBSITE: vincecarter15.com