

VINCE CARTER YOUTH BASKETBALL ACADEMY
REGISTRATION

July 17-20, 2025 8:00 A.M.-12:00 NOON

FULL TUITION MUST ACCOMPANY THIS APPLICATION. Prior to July 1, 2025, pay by check, money order, cash, or credit card. After July 1, 2025, no checks will be accepted. DO NOT MAIL CASH. **Academy cost is \$200 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 10, 2025.

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	Please charge my _____ VISA _____ MasterCard _____ American Express _____ Discover
_____ Money Order	Credit Card # _____ Exp. Date _____ V-Code _____
_____ Check Number	Exact Name on Card _____
	Credit Card Billing Address _____
	Signature _____ Date _____