## VINCE CARTER YOUTH BASKETBALL ACADEMY REGISTRATION

July 17-20, 2024 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. <u>DO NOT MAIL CASH.</u> <u>Academy cost is \$200 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 10, 2025.</u>

## PERSONAL INFORMATION (Please complete all areas.)

Name				Phone	(	_)			
Address		_City		State Zip			<del></del>		
Grade (next year) Bi	rthdate		Age	Sex		_ Height	_ Weight _		
Email Address									
Adult T-shirt size (circle one	XXL	XL	L M	s <u>y</u>	Youth	T-shirt size	S M	L	
MEDICAL INFORM	IATION RE	QUIRED	(All lines mu	ıst be comp	leted :	and returned	l as a part of	registration.)	
Emergency name and phone	number to b	e used in t	he event of a	n injury th	at req	uires emerge	ency treatme	nt:	
Name of Parent or Guardian				Phone (	()				
Family Physician				Phone (	()				
Medical/Accident Insurance (	Co			Policy N	No				
Address of Insurance Co									
Policy in Name of			Place of	f Employme	ent				
Allergies			Last Tet	tanus Shot l	Date _				
I hereby certify that my son or d Volusia County, Mainland High event of an accident or injury as a local hospital. I understand th dismissal from camp. There will media taken at camp is the exclu	School, Vision a result of his at any serious be no refund	ns In Flight her partical violation of of tuition s	, Inc., Vince Copation. I also r any other be hould a camp	Carter, or Vingive my peri chavior deem er be dismiss	nce Car missior ned det sed. <u>I</u>	rter Youth Base of for my child crimental to the understand the	sketball Acad to be given en e group will r at all pictures	emy responsible in the nergency treatment at esult in immediate	
Parent or Guardian Signature			Date						
			PAYN	<u>IENT</u>					
Date: Carter Youth Basketball Aca									
Cash	Please c	harge my	VISA	Ma	sterCa	ard An	nerican Exp	ress Discover	
Money Order	Credit (	Card #			I	Exp. Date	V-	Code	
Check Number	Exact Name on Card								
	Credit Card Billing Address								
	Signatu	Signature Date							