



**RON PALMER
SUMMER BASKETBALL & ACADEMIC CAMP
July 31 - August 3, 2018**



Summer 2018

APPLICATION

Overview

The Ron Palmer "Elite" Summer Basketball & Academic Camp is seeking boys and girls between the ages of 8 and 15 to participate in a comprehensive four day high level basketball instruction and academic intervention program. This program is designed to work on development of the whole person and will include activities and workshops that deal with character building, and improving and enhancing the athletic and academic abilities of the participants.
The camp will be held:

**Tuesday, July 31, 2018 – Friday, August 3, 2018
Long Beach Polytechnic High School**

Schedule

Ron Palmer Basketball and Academic Camp

8:00 am to 5:00 pm

Ron Palmer Pavilion Gymnasium

Activities

Students attending the camp will receive:

- Math Intervention / Language Arts Skills
- Basketball Instruction lead by Coach Ron Palmer and his staff
- Motivational Speakers
- Health Education, Fitness & Nutritional Tips
- Intramurals

Cost

The Cost of the Camp is only **\$125 per person**

Make checks payable to : ***Success in Challenges***

All payments are non-refundable

Eligibility

- Boys and Girls must be between the ages of 8 to 15 years of age.
- Must be in good health
- Must agree to follow all camp rules

Contact Info:

Ron Palmer Summer Basketball Camp Executive Director: Erroll Parker
3711 Lemon Avenue, Long Beach, CA 90807 (562)
477-2976 e-mail: errollparker42@yahoo.com

Application Process

To apply, complete the following steps:

Retrieve your application online at:

smartballsummercamp.com

- Complete the Student Information Form and Medical Release Form.
- Make checks/money orders payable to: ***Success and Challenges***
- Send completed application and payment to: Success & Challenges
3711 Lemon Avenue, Long Beach, CA 90807

Hoop-Smart Application 2018

Ron Palmer Summer Basketball & Academic Camp

Part I: Student Information (Please type or print the information requested below)

Name: _____
Last First Gender (M/F)

Address _____

City Zip Email Address

Home Phone Phone for Parent/Guardian

Cell Phone for Student Birthdate (MM/DD/YYYY) Age

School Name School District

Grade Level

Parent/Guardian Information: (The following information is collected for statistical purposes only)

Parents/guardians
Name: _____
Father Occupation

Parents/guardians
Name: _____
Mother Occupation

I certify that the above statements are accurate and true to the best of my knowledge. In addition, I will follow the rules and regulations of the Ron Palmer Summer Basketball Camp/Hoop Smart at all times. If I am asked to leave the camp for behavior problems I understand that monies are not refundable. I understand that the Ron Palmer Summer Basketball Camp will strive to keep all personal information confidential.

Applicant's Name (Print) Applicant's Signature Date

Parent or Legal Guardian's Name (Print) Parent or Legal Guardian's Signature Date

Medical Release Form

Each Participant Must Sign and Complete this Form for the event. Forms must be turned in at Registration.

I, the undersigned parent or legal guardian, grant permission for my son/daughter _____

Hereinafter referred to as "minor" to participate in the Ron Palmer Basketball Camp. In order for that minor may receive the necessary medical treatment in the event of an injury or illness, I hereby agree to any such medical treatment and hold Ron Palmer and his staff harmless in the exercise of this authority. I, in my own behalf and on behalf of minor, acknowledge and agree that participation subjects minor to possibility of physical illness, or injury (minimal, serious, catastrophic and /or death) and that I, in my own behalf and on behalf of Minor, acknowledge that the minor is assuming the risk of such illness or injury by participating in the event. In the event of such illness or injury, I authorize Ron Palmer and or staff to obtain necessary medical treatment for minor and hereby, in my own behalf and on behalf of minor, release and hold harmless releases in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of minor for any illness or injury that minor may sustain during the event and while traveling to and from the site for the event whether or not the event actually occurs.

Minor's Signature _____ Date _____

Parent's Signature _____ Date _____

Print Minor's Name _____ Age: _____

School last attended: _____ Grade: _____

Insurance Co: _____ Policy # _____

Medications (if any): _____

Allergic to (if any): _____

Known Medical Conditions : _____

Emergency Contact: _____ Emergency Phone _____

Emergency Contact: _____ Emergency Phone _____

Emergency Contact: _____ Emergency Phone _____

LIABILITY RELEASE: For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged as parent or legal guardian of _____ a minor, hereby grant the permission necessary to allow minor to participate in the Ron Palmer Basketball camp to be conducted by Ron Palmer and Staff. I, in my own behalf and behalf of minor further agree to release and to hold harmless, Ron Palmer and staff, LBUSD, and Long Beach Poly, the hosting site on whose premises the event will occur, and their respective affiliates from any and all liability whether caused by negligence of the Releases or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the event.

Parent Signature: _____ Date: _____