



**RON PALMER**  
**SUMMER BASKETBALL & ACADEMIC CAMP**  
**August 6 - August 9, 2019**



Summer 2019

**APPLICATION**

**Overview**

The Ron Palmer "Elite" Summer Basketball & Academic Camp is seeking boys and girls between the ages of 8 and 13 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, August 6, 2019– Friday, August 9, 2019**  
**Ernest McBride High School**

**Schedule**

**Smart Ball Basketball and Academic Camp**

**8:00 am to 5:00 pm**

**Ernest McBride High School Gymnasium**

**Activities**

Students attending the camp will receive:

- Math Intervention / Lang. 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 **\$100 per person / \$125** if registered after July 15th

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

*All payments are non-refundable*

**Eligibility**

- Boys and Girls must be between the ages of 8 to 13 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](mailto:errollparker42@yahoo.com)**

**Application Process**

To apply, complete the following steps:

Retrieve and print your application online at:

<http://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: Mr. Erroll Parker  
3711 Lemon Avenue, Long Beach, CA 90807

# Smart Ball Application 2019

## 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

T- Shirt Size \_\_\_\_\_

### **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, California State University Long Beach, 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: \_\_\_\_\_