

**2017 PANGOS ALL-MIDWEST FROSH/SOPH CAMP
PLAYER REGISTRATION FORM**

(please print)

Name _____ School _____

Home Address _____

City _____ Zip Code _____

Phone () _____ e-mail _____

Grade 2017-18 _____ Height _____ Weight _____

GPA _____ SAT/ACT Score _____

Parent/Guardian _____

Circle One: Day Camper \$225 Overnight Camper \$350

Please mail payment (make money orders payable to "**Fullcourt Press**") and completed form to:

**Pangos All-Midwest Frosh/Soph Camp,
3122 Theresa Street #1, Long Beach CA 90814**

HEALTH AND BEHAVIOR GUIDELINES AND WAIVER OF LIABILITY

HEALTH INSURANCE CO. _____

Policy No. _____ Group No. _____

I understand that any Pangos All-Midwest Frosh/Soph Camp participant who does not abide by the rules, regulations and policies established by the Pangos All-Midwest Frosh/Soph Camp (PAMWFSC) is subject to dismissal without reimbursement or recourse and I hereby waive and release the PAMWFSC and MAC (MAC) from any and all liability for any injury or illnesses while participating in the camp. I hereby authorize the directors of the PAMWFSC and MAC to act according to their best judgment in any emergency if I cannot be contacted. I understand that each camp participant is required to have their own medical and accident insurance. I also understand that the PAMWFSC retains the rights to use for publicity and advertisements purposes, photographs of camp participants.

SIGNATURE OF PARENT OR GUARDIAN

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