

**2020 PANGOS ALL-SOUTH FROSH/SOPH CAMP  
PLAYER REGISTRATION FORM**

(please print)

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Name \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (    ) \_\_\_\_\_ e-mail \_\_\_\_\_

Grade 2020-21 \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

GPA \_\_\_\_\_ SAT/ACT Score \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Please Circle One:    Day Camper \$225    Overnight Camper \$350  
Please mail payment (make money orders payable to "**Fullcourt Press**") and completed form to:  
**Pangos All-South 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-South Frosh/Soph Camp participant who does not abide by the rules, regulations and policies established by the Pangos All-South Frosh/Soph Camp (PASFSC) is subject to dismissal without reimbursement or recourse and I hereby waive and release the PASFSC and Triple A/Focused Learning Academy (TAFLC) from any and all liability for any injury or illnesses while participating in the camp. I hereby authorize the directors of the PASFSC and TAFLC 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 PASFSC retains the rights to use for publicity and advertisements purposes, photographs of camp participants.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

[www.fullctpress.net](http://www.fullctpress.net)