

BASKETBALL & BOOKS

INLET GROVE COMMUNITY HIGH SCHOOL

JUNE 5TH-JULY 31ST

**\$300.00 FOR ENTIRE
SUMMER**

- BASKETBALL SPECIFIC TRAINING
- JUMP SHOOTING 101
- BALL HANDLING ACADEMY
- IN GAME IQ DEVELOPMENT
- ACADEMIC SKILL SESSIONS
- PERSONAL DEVELOPMENT WORKSHOPS
- BOOK READ & REVIEW
- CERTIFIED TEACHER INSTRUCTION

REGISTER NOW!

S.T.A.M.P.

STUDENT & ATHLETE MENTORING PROGRAM

2101 VISTA PARKWAY, STE. 307 • WEST PALM BEACH, FL 33411
MBROWN2@STAMPMENTORING.ORG • 561-822-3992





STUDENTS & ATHLETE MENTORING PROGRAM

Basketball & Books Summer Camp

June 5, 2017 – July 31, 2017

Location: Inlet Grove Community High School

600 West 28th Street

Riviera Beach, FL 33404

Ph: 561-822-3992 Cell: 561-253-4352 Fax: 561-536-4543

STUDENT INFORMATION 1

| | | | | |
|------------------------------------|---------------|---------------------------------------|---------------------|---|
| Name (First, Middle Initial, Last) | Date of Birth | Age | Shirt Size | Gender (circle one) Male Female |
| Street Address | | | | |
| City, State, Zip Code | | Home Phone Number (include area code) | | |
| School Name | | | Current Grade Level | |

STUDENT INFORMATION 2

| | | | | |
|------------------------------------|---------------|---------------------------------------|---------------------|---|
| Name (First, Middle Initial, Last) | Date of Birth | Age | Shirt Size | Gender (circle one) Male Female |
| Street Address | | | | |
| City, State, Zip Code | | Home Phone Number (include area code) | | |
| School Name | | | Current Grade Level | |

STUDENT INFORMATION 3

| | | | | |
|------------------------------------|---------------|---------------------------------------|---------------------|---|
| Name (First, Middle Initial, Last) | Date of Birth | Age | Shirt Size | Gender (circle one) Male Female |
| Street Address | | | | |
| City, State, Zip Code | | Home Phone Number (include area code) | | |
| School Name | | | Current Grade Level | |

PARENT/GUARDIAN EMERGENCY INFORMATION

| | | |
|------------------------------------|---|--------|
| Name (First, Middle Initial, Last) | Relationship to Child | |
| Day Phone # (include area code) | Evening/Alternate # (include area code) | Email: |

ALTERNATE EMERGENCY CONTACT INFORMATION

| | | |
|------------------------------------|---|--------|
| Name (First, Middle Initial, Last) | Relationship to Child | |
| Day Phone # (include area code) | Evening/Alternate # (include area code) | Email: |

MEDICAL INFORMATION

| | | | |
|--|---------|--|--|
| Medical Insurance Company | | Insurance Telephone Number | |
| Insurance ID# | Group # | Hospital Coverage Yes No | |
| Primary Policy Holder | | | |
| Physician's Name | | Physicians Phone Number | |
| Is the above listed child under the regular care of physician? Yes No | | | |
| Is the above listed child exempt from PE classes at school due to a medical condition? Yes No | | | |
| Please list any specific instructions that must be followed due to your child's medical condition: _____ _____ | | | |
| Does the above listed child have any allergies? Yes No Known Allergies | | | |
| If so, please explain: _____ _____ | | | |
| Please list any prescribed medication(s) that your child is taking: Medication | | No Longer Taking This (initial & date) | |
| | | | |

PARENT VERIFICATION

I verify that the information on this form is true and accurate to the best of my knowledge. I shall indemnify, defend and hold harmless the Students & Athlete Mentoring Program (S.T.A.M.P.), its subsidiaries, representatives and coaches (each an "Indemnified Party") from and against any and all costs, expenses, liabilities, losses, damages, injunctions, suits, actions, fines, penalties, levies, assessments and claims and demands of every kind or nature, including legal costs and attorneys fees, made by or on behalf of any party, person or governmental authority for any activity, injury or illness to my child. Should my designated contact or I be unavailable, I hereby give permission to S.T.A.M.P representative to act on my behalf for medical treatment to my child during S.T.A.M.P activities.

| | |
|------------------------------|------|
| Signature of Parent/Guardian | Date |
|------------------------------|------|

**** Scholarship Deadline April 7, 2017**

***** Non-Scholarship Students Pay \$125/week (Due on Monday weekly)**

Make Check payable to S.T.A.M.P.



Student & Athlete Mentoring Program

Helping Student Athletes Succeed During and Beyond High School

RELEASE AND WAIVER OF LIABILITY WITH PARENTAL CONSENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any Student & Athlete Mentoring Program ("Activity") at any time, I:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that my child is qualified, in good health, and in proper physical condition to participate in such Activity.
 2. FULLY UNDERSTAND THAT THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY.
 3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Student & Athlete Mentoring Program, their administrators, directors, agents, officers, members, volunteers, employees or other participants.
- In signing this waiver of liability, I release Student & Athlete Mentoring Program (S.T.A.M.P.), the host institution and all other involved parties from any claims or responsibility of injuries suffered during S.T.A.M.P. athletic or academic camps. I knowingly assume all responsibility for my child's participation and certify that he/she is in good physical condition and can participate in all athletic activities. Further, I authorize S.T.A.M.P. coaching staff and personnel to request medical treatment as necessary to ensure my child's well being. S.T.A.M.P., its personnel or host institutions shall not be held liable for any medical expenses incurred during any requested medical services. In my absence medical services can be requested using the following insurance information:

Insurance Carrier: _____

Policy Number: _____

Group Number: _____

Medical Doctor/Pediatrician Name: _____ PH. _____

PRINTED NAME OF PARTICIPANT: _____

PRINTED NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

~Thanks For Your Participation~

President/Founder, Mark G. Brown, Sr.

P. O. Box 222935, West Palm Beach, Florida 33422