

# Basketball Camp | Hampton Christian Academy

**Ages:** Rising 1<sup>st</sup> – 8<sup>th</sup> Graders  
**Dates:** July 19<sup>th</sup> – 20<sup>th</sup>  
**Time:** 9am – 3pm  
**Location:** 2419 N. Armistead Ave  
Hampton, VA 23666  
**Coaches (HCA):** Kellan Furlough | Ben Williamson | Theo Evans  
**Cost:** \$50.00 | (Checks - Payable To: Hampton Christian Academy)  
**Bring:** Basketball (or Athletic) Shoes  
Lunch (both days)



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Camper's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### MEDICAL RELEASE (MUST BE COMPLETED)

I(We) do hereby state that the afore-named camper is physically fit to attend and participate in all activities of HCA Basketball Camp. I (We) give authorization for the Director of HCA Basketball Camp to seek whatever medical assistance he deems necessary in the event of an accident or illness to the afore-mentioned camper. I (We) also understand that we are responsible for having insurance and will not hold HCA or camp employees liable for any injury at the HCA facilities. The following must be signed by the camper's parent/guardian and doctor if medically necessary.

Parent/Guardian (Print): \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_



\*Complete above section & Mail to:

Hampton Christian Academy  
Attn: Mike Moore – Athletic Dept.  
2419 North Armistead Ave.  
Hampton, Virginia 23666