

The 23rd Annual Darrell "Flash" Armstrong & Leonard Williams 2023 Basketball and Shooting Camps

Presented by Wayne Densch Charities & the Darrell Armstrong Foundation

Name _____ Address _____

_____ City _____

_____ State _____ Zip _____

Phone _____ Age _____ Height _____

Parent Name: _____ Organization _____

__ June 19-23 __ June 26-30

T-Shirt Size (circle one): S M L XL XXL

Allergies/Medical Conditions We should be aware of

I give the camp and Central Florida Christian Academy permission to use any-related photo for camp publicity.

I hereby authorize the Directors of Darrell "Flash" Armstrong & Leonard Williams Basketball and Shooting Camps to act for me according to their best judgment in an emergency requiring medical attention. I hereby waive and release Darrell "Flash" Armstrong & Leonard Williams Basketball and Shooting Camps, Central Florida Christian Academy, and The Darrell Armstrong Foundation for Premature Babies Inc., of any liability. I am not aware of any physical or mental problems that would affect my child's ability to participate in this camp. I will assume full responsibility medical/other charges in connection with his/her attendance at camp. I hereby approve emergency treatment by hospital and/or for my child/camper. I will assume all financial responsibility for expense occurred through my insurance provider.

I have read and understand the rules and regulations of the camp and both the camper, and I agree to abide by them.

He/She is covered by _____ Parent or
Guardian's Signature _____ Organization:
