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# 21st Annual Darrell Armstrong

## 2019 Basketball and Shooting Camps

Presented by Wayne Densch Charities & Prestige Sports Marketing and Management Group Inc.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_

Parental Contact # \_\_\_\_\_

Organization \_\_\_\_\_

June 3-7

June 10-14

June 17-21

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

Allergies/Medical Conditions We should be aware of

\_\_\_\_\_

I give the camp permission to use any-related photo for camp publicity

I hereby authorize the Directors of Darrell "Flash" Armstrong 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 Basketball and Shooting Camps & Orlando Christian Prep, The Darrell Armstrong Foundation for Premature Babies, Prestige Sports Marketing and Management Group Inc. and Wayne Densch Charities, 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 \_\_\_\_\_

A Parent or Guardian's Signature \_\_\_\_\_

**Wayne Densch/Kran Riley**

**Camper #** \_\_\_\_\_