

Spring 2023 Basketball Camp



Nome Eskimo Community and Challenge Life Youth Foundation are proud to sponsor the Triple Threat Hoop Camp.

**Camp will be held at the Elementary School Gym
March 13th-17th
For individuals in grades 1st – 12th.**

Camp directors will be the founder of the Challenge Life Youth Foundation, Al Sokaitis.

Spaces are available on a first come first serve basis. Early registration is highly recommended.

**Registration forms need to be returned to Nome Eskimo Community
no later than Friday March 10th**

CAMP SCHEDULE

- 1st and 2nd Grade 9:00-9:45**
- 3rd-5th Grade 10:00-11:30**
- 6th-7th Grade 12:00-1:45 PM**
- 8th-12th Grade 2:30-4:30 PM**

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See other page for registration form

For more information contact Keegan Bourdon @ 443-9122.

Revised 02/14/2023

Triple Threat Hoop Camp Individual Registration Form

1.

 Athlete's First Name Last Name Age / / Grade Gender

 Mailing Address City State Zip

 Pre-Existing Conditions Allergies (Medicines or Food)

 Parent/Guardian First Name Last Name

 Parent/Guardian Day Phone Number Parent/Guardian Home Phone Number

 Emergency Contact (Other than parents) Emergency Contact Phone Number

Race Alaska Native African American Asian/Pacific Islander Caucasian
 Hispanic American Indian Other _____

Are you enrolled in Nome Eskimo Community? Yes No

Shirt Size Youth S Youth M Youth L Adult S Adult M Adult L

2.

 Athlete's First Name Last Name Age / / Grade Gender

 Mailing Address City State Zip

 Pre-Existing Conditions Allergies (Medicines or Food)

 Parent/Guardian First Name Last Name

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Parent/Guardian Day Phone Number

Parent/Guardian Home Phone Number

Emergency Contact (Other than parents)

Emergency Contact Phone Number

Race Alaska Native African American Asian/Pacific Islander Caucasian
 Hispanic American Indian Other _____

Are you enrolled in Nome Eskimo Community? Yes No

Shirt Size Youth S Youth M Youth L Adult S Adult M Adult L

1. I, the undersigned parent/guardian of the individual named above, a minor, do hereby agree to allow the individual named herein to participate in the aforementioned activity and authorize and appoint the program directors and/or instructors as Attorneys in Fact and agents for the undersigned to consent to medical, surgical and/or dental examinations, in addition to any and all other treatments that may be deemed necessary by medical personnel. It is understood that participation involves an element of risk and danger of accidents. Knowing those risks, I hereby assume those risks. In addition, I understand that by signing this agreement, I hereby release and discharge Triple Threat Hoop Camps from any and all liability resulting in injury associated with the camper's participation in this activity. I understand it is my responsibility to inform camp personnel of any medical conditions, allergies, food restrictions or any other special needs my son/daughter may have. In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in this release.
2. I give Triple Threat Hoop Camp and Nome Eskimo Community full permission to use my child's photo in future promotional brochures, posters, websites, and/or NEC photo albums.
3. I give Triple Threat Hoop Camps full permission to transport the camper to other facilities as needed.
4. There is also a risk of contracting illnesses from other participants such as COVID-19 even where safety measures are in place.
5. I have read and understand all three points above.

_____ Initial here if you do not want your child to receive over the counter medications while at the basketball clinic (i.e. Tylenol, Advil, etc...)

Parent/Guardian Signature

Date