



**Next Step Ahead
Basketball Officials Camp
July 20 - 22, 2012 @ U.W. Stevens Point**



PARTICIPANT INFORMATION

NAME: _____ HOME # () _____
 STREET: _____ WORK # () _____
 CITY: _____ ST: _____ ZIP: _____
 ROOMMATE REQUEST: _____ E-MAIL: _____
 WIAA OFFICIATING LEVEL: _____ YEARS WORKED: _____
 YEAR CERTIFIED BY WIAA WITH 3 PERSON MECHANICIS: _____
 ADULT POLO SHIRT SIZE (circle) M L XL XXL

CAMP WAIVER

I, the undersigned, do hereby agree to participate in the activity indicated. I am aware of and understand there may be potential risks inherent with participation in any recreation activity, and Showtime Sports does not provide accident insurance and cannot assume responsibility for injury to any participants in its camps. All refund requests must be submitted in writing. If your request is received more than 21 days before the camp begins you will be charged a \$50 administrative fee. If a refund request is received less than 21 days before the camp begins you will not be eligible for a refund. Showtime Sports will consider medical excuses on a case-by-case and a medical excuse must be submitted from your doctor. I further understand the program content and refund policies as stated.

SIGNATURE: _____ DATE: _____

MAIL REGISTRATION FORM AND CHECK FOR \$375.00 TO:

SHOWTIME SPORTS, LLC, P.O. BOX 578, BROOKFIELD, WI 53008-0578
 OR
 Register online at: www.showtimesportscamps.com

Date Rec.: _____ Amount Paid: _____ Check # _____