

# Pacific Basketball League Summer Camp Registration

## June 15-18<sup>th</sup>, 2026 at Seaside High School \$120

Online Registration at [seasidebasketballtournaments.com/summercamp](http://seasidebasketballtournaments.com/summercamp)

Contact: [kkjanuik@gmail.com](mailto:kkjanuik@gmail.com)

Location: Seaside High School

Name: \_\_\_\_\_ Grade in School (26-27): \_\_\_\_\_

PhoneNumber: \_\_\_\_\_ MailingAddress \_\_\_\_\_

Gender: \_\_\_\_\_ Email: \_\_\_\_\_

T-shirt Size: (Youth or Adult available, please specify) \_\_\_\_\_

Indicate Session: Session 1 (grades 1<sup>st</sup>-4<sup>th</sup>) 9am-11am \_\_\_\_\_

Session 2 (grades 5<sup>th</sup>-8<sup>th</sup>) 12-2:00pm \_\_\_\_\_

### Insurance

I have insurance with \_\_\_\_\_ Policy # or ID # \_\_\_\_\_ and/or group # \_\_\_\_\_

**Consent for Medical Care & Treatment** Please notify the undersigned parent or guardian as noted below in case of an accident, serious illness, or other emergency. In the event you are unable to notify me, I hereby authorize medical personnel to secure whatever medical or surgical care is deemed reasonably necessary. Also, the undersigned further agrees to guarantee payment, therefore.

Name or family physician \_\_\_\_\_ phone \_\_\_\_\_ Parent or guardian signature \_\_\_\_\_ date \_\_\_\_\_ Allergies or special medical conditions \_\_\_\_\_ Nearest relative or friend in case you cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Waiver and Release of Liability** In consideration of being allowed to participate in the Pacific Basketball League summer camps, the undersigned acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death. Further, there may be other risks not known to us or not reasonably foreseeable at this time. The undersigned agrees to assume all the financial obligations following such injury, disability, or death. The undersigned releases and agrees not to sue Pacific Basketball League, their coaches, and directors from all liability. I/we have read the above waiver and release, understand that I/we give up substantial rights by signing it and sign it voluntarily.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Make all checks payable to PBL, and mail to PBL, PO BOX 1015, Seaside OR 97138 \$120.00