



**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](http://www.showtimesportscamps.com)

Date Rec.: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_