

**2019**  
**PANGOS ALL-EAST FROSH/SOPH CAMP**  
**PLAYER REGISTRATION FORM**  
(please print)

Name \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (    ) \_\_\_\_\_ e-mail \_\_\_\_\_

Grade 2019-20 \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

GPA \_\_\_\_\_ SAT/ACT Score \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Circle One: Day Camper \$225 Overnight Camper \$350

Please mail payment (make money orders payable to “**Fullcourt Press**”) and completed form to:  
**Pangos All-East Frosh/Soph Camp, 3122 Theresa Street #1, Long Beach CA 90814**

**HEALTH AND BEHAVIOR GUIDELINES AND WAIVER OF LIABILITY**

HEALTH INSURANCE CO. \_\_\_\_\_

Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

I understand that any Pangos All-East Frosh/Soph Camp participant who does not abide by the rules, regulations and policies established by the Pangos All-East Frosh/Soph Camp (PAEFSC) is subject to dismissal without reimbursement or recourse and I hereby waive and release the PAEFSC from any and all liability for any injury or illnesses while participating in the camp. I hereby authorize the directors of the PAEFSC to act according to their best judgment in any emergency if I cannot be contacted. I understand that each camp participant is required to have their own medical and accident insurance. I also understand that the PAEFSC retains the rights to use for publicity and advertisements purposes, photographs of camp participants.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

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