

SUMMER LEAGUE JAM

Registration Form

Please download this form and submit via email.
(All fields marked with an asterisk must be completely filled out)

(After completing this registration form, save it to your computer and then send it by email to summerleaguejam@gmail.com.
Your form will be submitted to our operations department and an invoice will be sent out from our accounting department to you for your payment)

This is an editable form, kindly **type your responses** into the blue fields. *Handwritten forms will not be accepted.*

1. Date of Registration: (today's date) *

2. Time: *

3. Athletes Name: *

Age: _____

Gender: F M

Playing Level: Elementary School High School College Semi-Pro Pro

If this is a team registration, indicate how many on the team, age, gender and the playing level:

on the team: _____ Age range: _____ Gender: F M

Playing Level: Elementary School High School College Semi-Pro Pro

4. Name of School or Organization:

(if you are an athlete registering by yourself without a team enter N/A)

5. Website:

6. School/Organization primary Phone Number: *

(if you are an athlete or parent registering by yourself simply enter your preferred phone or cell contact number)

7. School's (or individual athlete) Email address: *

8. School Website:

(if you're an athlete registering by yourself enter N/A)

9. Coach's Name*

(if you are an athlete or parent registering by yourself simply enter N/A) *

10. Coach's Primary Phone Number: *

(if you are an athlete or parent registering by yourself enter your phone number)

Camp attendance has a cost of **\$250.00** for individuals and **\$2000.00** for a team of 10 athletes.

Based on the total number of attendees you are registering for this camp, indicate in Section 16 below the corresponding cost associated with the number of attendees.

11. Coach's / Individual Athlete's Email address: * _____

12. Type of camp you are registering for: *
(Select one sport)

Basketball	Football	Tennis
Baseball	Soccer	Volleyball

13. Camp date you expect to arrive at the Summer League Jam. * _____

15. School/Organization type: * _____

16. Total number of athletes attending: * _____

17. Total dollar amount for all my athletes I am registering: *
to attend _____

18. Total Amount (full payment) * _____

NOTE: If full payment is not received at date of registration, we can't guarantee acceptance to the Summer Jam event until full payment has been received.

CAMP PAYMENT CONFIRMATION

Upon submission of this registration form, you will receive an invoice within 24 hours for your registration fees. Are you in agreement to receive this invoice and to remitting payment in full today for the camp fees along with this registration form?
Yes

18. AGREEMENT OF REGISTRATION PROTOCOLS

I understand and agree by affixing my signature below of and with the following:

1. agree and accept the costs specified above for attendance to the 2018 ALSEG/ALSC Summer JLeague Jam Camp.
2. I am the legally guardian parent or have been authorized by the school/organization to act on their behalf to register the aforementioned athlete(s) for this camp.
3. The payment total will be remitted in full by myself and or the school/organization either:
 - (a) upon completion of this registration being submitted via email, the 2018 Summer League Jam online process and
 - (b) no later than June 13, 2018.
4. No Cancellations after June 30, 2018

Signature of parent, authorized coach/organizer or athlete indicating his/her agreement to this registration,, process and relevant protocols. _____

The person whose signature is affixed above hereby authorizes and unequivocally agrees to the terms stated or implied within the confines of this registration form, and any/all ancillary forms, documents and or written agreements pertaining to registration and adherence to camp rules, protocols and guidelines of the above referenced team or individuals registered herein.



ALSC 702-789-0749 summerleaguejam@gmail.com
www.summerleaguejam.com.com