

**GDAY Basketball Tournament** [www.gdaycamps.com](http://www.gdaycamps.com)

Saturday & Sunday May 19th- 20th

SEND THIS FORM ALONG WITH YOUR CHECK MADE OUT TO: **G.D.A.Y. Camps Inc.**

**Mailing Address:**

## GDAY Camps

P.O. Box 24696

Rochester, NY 14624

**Fee: \$325 per team**

**PLEASE CALL TO RESERVE YOUR SPOT!**

## Shay Oseni

**585-576-3354**

**E-mail:** [o.oseni@gdaycamps.com](mailto:o.oseni@gdaycamps.com)

**Team Name:** \_\_\_\_\_

Coach's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cellular: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Manager's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cellular: \_\_\_\_\_

E-mail: \_\_\_\_\_

[illegible]

We, the above, understand that basketball carries an inherent risk of serious injury and do not hold the organizers, staff, any tournament sites, persons or parties involved with this event responsible for any injuries/death occurred while participating in this tournament. We further understand that it is our sole responsibility to provide medical insurance for our son/daughter in the event any such injury should occur.