

Michael Holton Sports Academy

2017 Winter Academy



Boys and Girls ages 10-17

www.holtonbasketball.com

503.517.9090

Respect

Discipline

December 18th – 21st

HB Lee Middle School

1121 NE 172nd Ave

Portland, OR 97230

9:00 am – 4:00 pm

Commitment

Register Online

ALL participants will receive daily meals and snacks.
Participants will rotate through several venues to meet camp objectives in
Basketball Skill Development, Health and Fitness, Life skills and Etiquette.

A special thanks to our community partners!

CITY OF
GRESHAM

DWELL
REALTY
WHERE DO YOU DWELL?

POIC
Portland Opportunities Industrialization Center



PARR
LUMBER



FREEMAN
MOTOR CO

Michael Holton Basketball Academy

7113 SW Macadam Ave
Portland, OR 97219
503-517-9090
www.holtonbasketball.com

☐ December 18-21, 2017 (HB LEE Middle School)

Participant's First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: ____/____/____ Gender: Male / Female

Shirt Size: _____ Short Size: _____ Ethnicity: _____

Current Grade: _____ Current School: _____

Parent/Guardian First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Participant's Health Information:

List Allergies: _____

Regular Medication? _____ if yes, list all medication: _____

Health Plan / Insurance Company: _____ Policy# _____

Regular Physician: _____ Phone #: _____

AMATEUR ATHLETIC MINOR WAIVER Read this agreement carefully and sign below.

_____(Initial) I agree that neither I, nor my child, will bring any claims of any kind against MH, Inc., The Michael Holton Basketball Academy, H.B. Lee Middle School, Charles Jordan Community Center, Academy Instructors, Operators of Sponsors as a result of any injuries, expenses, or damages that I or my child may suffer in connection with my child's participation in the Academy, whether such claims are known or unknown or arise in the future.

_____(Initial) I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or presented by a physician for my child, if I cannot be reached in case of an emergency.

_____(Initial) I agree that the Academy has permission to retain the rights to photograph my child at the Academy for use for in digital and printed media for advertising and publicity purposes.

Signature _____ Date _____