



Participants's Name: \_\_\_\_\_ Gender: M F Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Primary E-Mail: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
 Dad's Work Phone: \_\_\_\_\_ Mom's Work Phone: \_\_\_\_\_  
 Dad's E-Mail: \_\_\_\_\_ Mom's E-Mail: \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_  
 Basketball Experience: (check all that apply)  School no. yrs \_\_\_\_  AAU no. yrs \_\_\_\_  Recreation no. yrs. \_\_\_\_

**Summer Performance Basketball Training Camp**

Lead Trainer - Avery Scott Assistants: Matt Murrer, Maurice Carter (when available)

- Session I - 3 weeks** - Dates: June 16 - July 2, 2009
- Session II - 3 weeks** - Dates: TBD - contact Avery Scott for specific dates
- Session III - 3 weeks** - Dates: Aug 11 - Aug 27, 2009

Days/Times: **Tuesdays and Thursdays**  
**Beginner/Intermediate - 5:00-7:15pm**  
 Cost: \$150  
**Intermediate/Advanced - 7:00-10:00pm**  
 Cost: \$175

- Scoring Fundamentals Session I - 3 weeks** - Dates: June 16 - July 2, 2009
  - Scoring Fundamentals Session I - 3 weeks** - Dates: Aug 11 - Aug 27, 2009
- Days/Times: **Tuesdays and Thursdays 2:00-4:00pm**  
 Cost: \$195

- Individual and Semi-Private Instruction**
  - **Fundamentals** (specific target i.e. ballhandling)
  - **Position Specific Work** (Point Guard/Post)
  - **Shooting Instruction**

By Appointment...  
 Contact Avery Scott for availability.  
 Cost: Individual - \$50/hr  
 Semi-Private - \$25/athlete (2-3 athletes)  
 Small-Group - \$15/athlete (4-6 athletes)

Location of Summer Training Camps  
**Meadowood Church of God**  
**325 Azalea Avenue**  
**Richmond, VA 23227**  
 (unless otherwise noted)

For more information, contact Avery Scott @ (804) 615-8632 or email <avery02@threepointline.com>  
 This form must be completed along with the medical release form. (see page 2)

You may mail both copies to: **TPLS, Inc., 10307 W. Broad Street #195, Glen Allen, VA 23060**  
**All checks should be made out to: TPLS, Inc.**



2009 MEDICAL RELEASE FORM

Participants's Name: \_\_\_\_\_ Gender: M F Date of Birth: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Parent's Cellphone: \_\_\_\_\_
Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_
Dad's Work Phone: \_\_\_\_\_ Mom's Work Phone: \_\_\_\_\_
Dad's E-Mail: \_\_\_\_\_ Mom's E-Mail: \_\_\_\_\_
In Case of Emergency Notify: \_\_\_\_\_ Phone \_\_\_\_\_
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_
Family Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_
IMMUNIZATIONS: Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_
Other \_\_\_\_\_ (List dates if known)

PAST MEDICAL HISTORY

(Check giving appropriate information)

Asthma \_\_\_\_\_ Sinusitis \_\_\_\_\_ Bronchitis \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Heart Trouble \_\_\_\_\_
Diabetes \_\_\_\_\_ Dizziness \_\_\_\_\_ Stomach upset \_\_\_\_\_ Hay Fever \_\_\_\_\_ Other \_\_\_\_\_

ALLERGIES: (List type)

Food \_\_\_\_\_
Penicillin or other drug (Name) \_\_\_\_\_
Insect stings/bites \_\_\_\_\_
Poison sumac, oak, or ivy \_\_\_\_\_
Previous operations or serious illness: \_\_\_\_\_
Any current medications: (List) \_\_\_\_\_
Special Diet: (Name) \_\_\_\_\_
Childhood Diseases: Chickenpox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_
Whooping Cough \_\_\_\_\_ Other \_\_\_\_\_

PERMISSION FOR TREATMENT AND DISCHARGE

My permission is granted for TPLS, Inc. staff member to obtain necessary medical attention in case of sick-
ness or injury for \_\_\_\_\_ (Participant's Name). I/We, the undersigned, do
hereby release, and forever discharge all sponsors, TPLS, Inc. and MEADOWOOD CHURCH OF GOD from
any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or
inquiry while participating in the event.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_