



CCAA Visitor Waiver Form

Please select one session from each day:

Fremont, CA

- Saturday 1:00pm – 2:30pm @ Fremont
- Saturday 2:30pm – 4:00pm @ Fremont

Campbell, CA

- Sunday 2:00pm – 3:30pm @ Campbell
- Sunday 3:30pm – 5:00pm @ Campbell

Name: _____ Chinese: _____

Address: _____

Phone: (____) _____

City: _____ Zip: _____

Gender: M / F Grade: ____ Birthday: ____ / ____ / ____

Email: _____

Parental Waiver:

I, _____, give permission to my child, _____, to participate in the CCAA Basketball Clinic. I hereby agree that CCAA administrators or coaches are released from all liability for any illness or injury as a result of participation in the camp or traveling to and from the campsite.

Signature: _____ Date: _____

CCAA

P.O. Box 454

Fremont, CA 94537

Phone: (510) 327-5777