

**High School TEAM Camp
June 6-19**



Registration Form

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Childs Name: _____ *add multiple kids to back

Entering Grade (fall 2016): _____

-

Allergies / Medical Issues:

Emergency Contact during Camp (if different than Parent/Gaurdian):

_____ (____)____-_____

I hereby fully and forever release, discharge, and agree not to sue Buller Basketball Camp, Summit County Schools or any sponsor or affiliated organization for any and all claims, causes of action or liability for any injury, loss, or damaged sustained or incurred to my child by arising out of or in any way associated with their attendance at Buller Basketball Camp. I knowingly and freely assume all such risks, known and unknown, even if arising from the negligence of the releasees or others, and assume all full responsibility for the participation of my child. I hereby authorize the Buller Basketball Camp to act according to their best judgement in any emergency requiring medical attention. My child is physically fit according to our family physician.

I have read the above items of the Release and Wiaver statement above, understand them, agree to abide by them, and hereby acknowledge that I have read and understand this Release and Waiver.

Parent/Guardian Signature: _____

Date: _____

Payment

1 Camper : \$50.00

Amount Enclosed: \$ _____

2 Campers : \$80.00

Unpaid Balance Due: \$ _____

Please make checks payable to Hoop Dreams Inc

*If 3 Campers from same family, or for any additional comments, please add information on back of this form

Return to: High School Athletic Office - Attention : Coach Buller