

# KIDS ELITE BASKETBALL CAMP 2018

## REGISTRATION FORM

Player Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Circle One Skill Level:    Beginner    Intermediate    Advanced

### Emergency Contacts Name and Numbers for Camper

1. \_\_\_\_\_ # \_\_\_\_\_

2. \_\_\_\_\_ # \_\_\_\_\_

Registration Fee \$50.00 \_\_\_\_\_    **Cash or Checks: Valdosta High Girls Basketball**

Male/Female

Tee shirt size: \_\_\_\_\_

Parent/Guardian Release:

I, \_\_\_\_\_ (PARENT/GUARDIAN)

(PRINT PARENT/GUARDIAN NAME)

OF \_\_\_\_\_ (CHILD)

(CHILD)

**UNDERSTAND THAT EACH CAMPER IS RESPONSIBLE FOR ANY MEDICAL BILLS INCURRED WHILE AT THIS CAMP. I ALSO HEREBY GIVE MY PARENTAL/GUARDIAN CONSENT TO THE CAMP STAFF TO EVALUATE AND TREAT MY CHILD IN ANY SITUATION REQUIRING MEDICAL ATTENTION. I HEREBY WAIVE ANY RIGHT THAT I AND SAID MINOR CHILD(REN) MAY HAVE TO SUE COACH WILCOX, VALDOSTA HIGH SCHOOL, VALDOSTA CITY SCHOOLS, ANY OF THEIR EMPLOYEES OR VOLUNTEER WORKERS, AS A RESULT OF ANY AND ALL INJURIES, DAMAGES OR LOSSES SUSTAINED BY THIS MINOR CHILD WHILE PARTICIPATING IN THIS PROGRAM. I FURTHER AGREE TO HOLD VHS OR VCS OR ANY OF THEIR EMPLOYEES HARMLESS, AND TO BEAR THE COST OF THEIR LEGAL DEFENSE IN ANY SUIT OR LEGAL OR EQUITABLE ACTION BROUGHT AGAINST ANY OF THEM AS A RESULT OF ANY AND ALL INJURIES, DAMAGES OR LOSSES SUFFERED BY THE ABOVE MENTIONED MINOR WHILE PARTICIPATING IN ALL ACTIVITIES WHILE PARTICIPATING IN THIS CAMP.**

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