

EXTREME BASKETBALL

BOYS ONLY

NAME _____ GRADE _____

Address _____

Phone: _____ E-Mail: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

July 8, 9 & 10 Cost: \$60

Make checks payable to: Susie Burt 143 PR 3560 Paradise, TX 76073 (940-389-0650)

3rd-6th grade 1-3:30 pm

7th-9th grade 4-6:30 pm

Hosted by: Susie Burt Hayden Barkley Brayden Ford

Waiver of Liability, Release and Assumption of Risk

The Participant and/or Participant's parent(s)/guardian(s) acknowledge, understand and assume all risks inherent with participant in this camp.

I further release and waive any and all claims, demands, liability, damages, costs and expenses of any kind whatsoever against the coaches or the officials holding the camp. I also give my consent for all medical care prescribed by a medical doctor, EMT or nurse to preserve the physical wellbeing of my child. I understand this consent form and I am not under any physical or emotional duress to sign.

By signing this I accept the terms of the aforementioned Waiver of Liability, Release and Assumption of Risk Agreement

Parent/Guardian Name: _____ (Print)

Parent/Guardian Signature: _____