

REGISTRATION FORM

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GRADE NEXT YEAR: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

\*Make all checks payable to PAWNEE HIGH SCHOOL\*

cash \_\_\_\_\_ check \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY NO.: \_\_\_\_\_

I hereby authorize the director and assistants of the PAWNEE BASKETBALL CAMP to act for me according to their best judgment in any emergency that required medical attention, and hereby waive and release the PAWNEE BASKETBALL CAMP from any and all liability for any injury and/or illness incurred while attending the PAWNEE BASKETBALL CAMP. I will be responsible for any medical or other charges in connection with his attendance. I understand there are no refunds. Parents or Guardians should have proper insurance for their camper. We do not have Liability Insurance.

Parent's or Guardian's Signature: \_\_\_\_\_