

Summer Basketball Camp for Boy's and Girl's Entering Grades 3-8 next year.

Child's Name \_\_\_\_\_

Entering Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Home Phone# \_\_\_\_\_

Parent's Cell Phone# \_\_\_\_\_

Parent's & Child's Email Address:

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Waiver: I, as a parent or guardian, hereby give permission for my child to participate in the SLS Basketball Camp and acknowledge the fact that he or she is physically able to participate in camp activities. I hereby authorize the staff to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I will be responsible for cost incurred due to sickness or injury to my child. I hereby waive any claim I might have against SLS Basketball Camp and the institution providing the facilities.

Signature of Parent or Guardian:

\_\_\_\_\_ Date \_\_\_\_\_