

Flinthills Mustangs Summer Basketball Camp 2016

Contact Information/Registration Form

Player Name: _____ **Date of Birth:** _____

Incoming Grade Level: _____ **T-Shirt Size:** _____

Name of Parent/Legal Guardian: _____

Relationship to Player: _____

Emergency Contact Information (Provide 2 Contact Phone #'s):

Potential Medical Issues (allergies, injuries, illnesses, disabilities, etc...):

As parent/guardian, I give my permission for _____
to attend the Flinthills Mustangs 2015 Basketball Camp. I release the basketball camp staff from responsibility and liability for any injury or illness that may be sustained as a direct or indirect result of camp participation. I understand and accept that there are risks involved in sports and that accidents and/or injuries can occur. However, I give my consent to my child to participate in the basketball camp. I also understand that the camp staff has every intention of making my child's camp experience a positive one.

Student Athlete Signature: _____ **Date:** _____

Parent/Legal Guardian Signature: _____ **Date:** _____

*****A Contact Information & Registration Form along with the \$35 Camp Fee must be submitted to Coach Casteel before a student athlete can participate in Camp.*****