

2016 ST. EDWARD'S UNIVERSITY



BASKETBALL CAMP June 13th -16th

@ the Smithville Recreation Center



CHILD'S NAME: _____ CHILD'S DOB: _____ GENDER (PLEASE CHECK): M F

PARENT/GUARDIAN NAME(S): _____ EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

ADDRESS: _____

EMERGENCY CONTACT: _____ RELATION: _____ EMERGENCY PHONE: _____

PLEASE LIST ANY KNOWN MEDICAL CONDITIONS/ALLERGIES:

THE BACK SIDE OF THE FORM MUST BE COMPLETELY FILLED OUT PER ST. EDWARDS UNIVERSITY

REGISTER BY MAY 26th TO GUARANTEE CAMP SHIRT OR THE FINAL DAY TO REGISTER TO ATTEND IS JUNE 2nd

CAMPER SHIRT SIZE (SELECT ONE): YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL _____

Please check the camp for which you are registering & make payment at this time (first come, first serve; spots may be limited):

Boys & Girls Ages 4-6 (8:30-9:30AM)
\$55.00

Boys & Girls Ages 7-9 (9:30-11:30AM)
\$65.00

Boys & Girls Ages 10-12 (1-4PM)
\$75.00

Girls Entering 7th-12th Grade (3-5PM)
\$65.00

RELEASE STATEMENT:

I, the undersigned, hereby agree to indemnify and hold harmless the City of Smithville Recreation Center, St. Edwards University and their staff, and the Recreation Department staff, affiliated organizations and sponsors, their employees and associated personnel, from any liability, loss, cost, or expense (including but not limited to attorney fees, medical, and ambulance cost), that my child may incur as a result of his/her participation in the Smithville Parks & Recreation Department/St. Edwards University Basketball Camp. In case of any emergency, I give permission for emergency medical treatment for my child. I also understand that the camp may require transportation to and from an event, and that the City of Smithville Recreation Department/St. Edwards University will not be liable of any accidents. I also give permission for any photographs taken during these activities to be utilized for promotional uses by the City of Smithville Parks and Recreation Department/St. Edwards University now and in the future. My signature below acknowledges that I understand and agree to the above terms.

We maintain a strict **No Refund** policy, once registered

PARENT/GUARDIAN NAME: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Office Use Only: Cash: \$ _____ CC: \$ _____ Check: \$ _____ # _____ Receipt #: _____

Date Received: _____ Entered In Rec Desk _____ Staff Initial _____