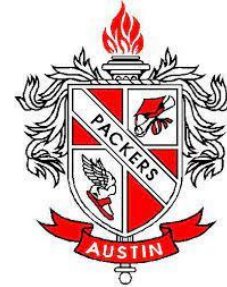


**AUSTIN HIGH SCHOOL
BOYS BASKETBALL 7th-9th Grade SUMMER CAMP
REGISTRATION FORM**



Players Name: _____ Home Phone: _____
Address: _____ '25-'26 Grade: _____
Parent/Guardian's Name: _____ Work Phone: _____
Email Address: _____ Cell Phone: _____

DATES/TIMES OF CAMP

Tuesdays 11:00am-12:15pm, Thursdays 11:00am-12:15pm, Friday 11:00pm-12:00pm

Start Date: June 10th

End Date: July 18th

Location: Austin High School

My child has medical restrictions which their coach should be aware of. Yes _____ No _____

(Asthma, epilepsy, diabetes, etc.) If yes, please explain _____

***Fees to accompany form: \$50 per student athlete
(Contact Coach Jamaal for Financial Aid Options)
jamaal.gibson@austin.k12.mn.us***

INSURANCE WAIVER

I have insurance that covers my child to participate in the Austin High School Boys Basketball Summer Camp.

Insurance Company Name _____. If I do not have insurance for my child, nor do I wish to obtain insurance for my child, I know that it will be my full responsibility for any medical expenses incurred.

PARENTAL CONSENT AND WAIVER OF LIABILITY

I consent to, and give permission for, my child to participate in the AHS Summer Camp. I have no knowledge of any physical impairment that would be affected by my child's participation in the basketball camp. I further agree to waive all liability of the Austin High School Boys Basketball Program, its representatives, employees, Managers, team coaches, School District and any other participant, for any accident, injury, illness or other mishap which might befall the individual named on this registration while traveling to or from, or during their participation in the basketball camp, whether or not such liability, claim, damage, loss or expense is caused in part by the negligence of any person, including any negligence by or on behalf of the Basketball Program, its agents and specifically including any defects in the condition of the property of the Basketball Program or the condition of its maintenance. I consent (yes ____ or no____) to emergency medical care for my child in case of sickness or injury, and any actual charges made for such care. I agree to abide by the rules and regulations as set forth by the Basketball Program for my child's participation, and that each player will be responsible for himself, his insurance and his equipment. I acknowledge that I have freely and voluntarily entered into this Agreement and that I have read and understand this agreement in its entirety.

I hereby give my consent for the above child to participate in the Austin High School 9th Grade Skills Camp.

Date _____ Signature of Parent or Legal Guardian _____

****Please return form and check made payable to 'Austin High School' 1st day you attend Camp****