

# Application for Tigerette Basketball Camp 2009 July 27<sup>th</sup> through July 30<sup>th</sup>

Camper's name \_\_\_\_\_

Paid \_\_\_\_\_

If you have more than one child use a separate form.

(office use)

Present Grade: \_\_\_\_\_ (2009-2010)

Shirt size (circle one)

Youth:            10/12    14/16

Adult:            small    medium    large    XL    XXL    3X    4X

Parents name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Who to Call in case of emergency

Name \_\_\_\_\_ Phone # \_\_\_\_\_

If for some reason in case of an emergency and unable to get hold of the names above, will allow the coaches of JISD to seek the best possible medical attention for your child in case of an emergency.

Yes / No (circle and initial)

Name of family doctor \_\_\_\_\_ phone number of family doctor \_\_\_\_\_

We hereby submit application for enrollment in the 2009 Jacksboro Basketball Camp. We release Jacksboro ISD and its employees from all claims of any injuries sustained by our/my child during the 2009 camp, and also agree to indemnify all employees and Jacksboro ISD for any claim hereafter as a result of such injuries. The parents also acknowledge that there is an assumption possibility of risk whenever any student participates in football.

Parent signature \_\_\_\_\_ date \_\_\_\_\_