

Basketball Camp

REGISTRATION FORM

Participant's Name: _____ Age: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Parents or Guardian's

Names: _____

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Primary Phone #: _____ Secondary Phone #: _____

Phone Carrier (Ex. Verizon): _____

List any allergies, disabilities,

etc... : _____

The undersigned parent or guardian understands that the applicant will be engaging in physical activity during the program which contains an inherent risk of physical injury, and the undersigned assumes this risk and releases the Wayne Buckingham's W.A.B. Sports; and Associates, their officers, directors, consultants and employees; and Cascade School from any and all liability for personal injury arising out of the applicant's participation in the camp program. I hereby grant permission for my child to be treated by a licensed physician or a member of the athletic training staff for any injury, accident, illness, or other mishap. I further agree to pay through my insurance company or otherwise for any medical treatment that may be necessary. I certify that my child is in good health and is able to participate in all camp activities. I further consent that any pictures, video, or film furnished by me or taken of my child, myself or family members in connection with W.A.B. Sports and Associates may be used by W.A.B. Sports and Associates and all other businesses, enterprises, affiliates and related entities of this business or company or for publicity, promotions, advertisement via television, radio, magazines, digital and online media, or in any other manner they choose. I waive any and all compensation in regards thereto.

Parent/

Guardian Signature _____ Date _____

Office Use Only

Amount Paid: \$ _____ Cash or Check # _____