

THUNDERBIRD BOYS BASKETBALL CAMP

Registration Form

Complete and return this form to Coach Faris at the HS or Julie at the Cook site.

Student Name _____ Current Grade _____

Parent/Guardian Name _____ Parent phone # _____

Parent Work Phone _____

Emergency contact Name _____ Emergency Contact Phone _____

T-shirt size (circle one)

Youth

Small
(6-8)

Med
(10-12)

Large
(14-16)

Adult

Small

Med

Large

XL

XXL

Parents Release and Waiver Agreement

We (or I) as parents or guardian, hereby give permission for _____ to participate in Thunderbird Basketball Camp during the summer of 2019. We (or I) hereby release the Johnson County Central Board of Education and all of its employees and camp staff, from all claims on account of any injuries, which may be sustained by our son while attending the Thunderbird Basketball Camp. We (or I) agree to indemnify the JCC Board of Education and all its employees and the camp staff for any claim, which may hereafter be presented by our son as a result of such injuries. I give permission to Kirk Faris, Ben Swanson, and Jordan Scheil to make emergency medical decisions concerning my son in my absence.

Parent or Guardian (Signature) _____ Date _____