

Wilkes Central Men's BASKETBALL CAMP

Rising 3rd - 8th graders

Monday, June 10th – Wednesday, June 12, 2019

Name: _____ Phone: _____

Age: _____ Grade (2019-2020): _____

School attending (2019-2020): _____

T-Shirt Size: _____

Liability Waiver

I _____ acknowledge and understand that by my son _____ participating in the Wilkes Central Men's Basketball Camp, the possibility exists that he may sustain physical illness/injury in connection with this camp. I indemnify and hold harmless the Wilkes Central Men's Basketball Camp as well as its representatives, from any claims for personal illness or injuries that he may sustain during camp activities. I also give the camp permission to utilize any photographs of my son for promotional use.

Parent/ Guardian Signature (please include relationship):

Date: _____

Person to notify in case of emergency:

Name: _____ Phone: _____

* Mail application and check to Wilkes Central Men's Basketball: 1179 Moravian Falls Rd. Wilkesboro, NC 28697: Attn Coach Hagaman. Make checks out to Wilkes Central Men's Basketball.

****players may register the morning of June 10th from 7:30am – 8:00am.**

*****ALL CAMPERS MUST COMPLETE THIS FORM**