

JSAG



FIL-AM

BASKETBALL

JSAG Basketball Camp Spring 2006 Registration Form

Camper's Name:

Grade (Spring 2006): Age at Camp:

Sex: Height: Weight:

Home Address:

City: State: Zip:

Home Phone: Birth Date:

Parent Work Phone: Emergency Phone:

School:

Email:

T-Shirt Size: Youth Sizes Small Medium Large
Adult Sizes Small Medium Large Extra Large

Release Form:

I hereby authorize the program instructors to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release JSAG, Inc and the clinic staff from any and all liabilities for any injury and/or illness incurred while at the clinic. I also acknowledge that my child has no medical condition that would affect his/her ability to participate in this sport.

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____