

DECATUR HIGH SCHOOL BOYS BASKETBALL SUMMER CAMP



Who: All 9th - 12th graders

When: July 6th - 10th

9 am - 12 pm

Where: Decatur Middle School Gym

Camp Includes:

- Daily Instruction
- Live Scrimmages
 - T Shirt
- Pizza on Friday

Cost: \$20 per player

*Registration Forms and Fee due at start of camp. Please bring first day of camp.

*Check us out online at

www.raiderpride.org

under the "Athletics" tab

*Questions? Call 269-806-

4990 or email

jernstes@raiderpride.org

DECATUR HIGH SCHOOL BOYS BASKETBALL SUMMER CAMP REGISTRATION FORM



110 CEDAR STREET
DECATUR, MICHIGAN 49045
"HOME OF THE RAIDERS"
PHONE (269) 423-6850 FAX (269) 423-6899

Participants Full Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Street Address: _____ Phone: _____

City/State: _____ Zip Code: _____

Parent/Guardian's Name(s): _____

Address (if different): _____

Home Phone: _____ Work/Cell Phone: _____

Emergency Contact Name & Number: _____

Medical Conditions: _____

Allergies: _____

Any Additional Info: _____

Please read this form carefully and be aware that in signing up and participating in the Decatur Boys Basketball Summer Camp you will be waiving and releasing all claims for injuries you might sustain arising out of the activities of this program. Your Signature is required on this form to participate.

Waiver & Release of All Claims

"As a participant or parent/guardian of participant(s) in these programs/activities, I recognize and acknowledge that there are certain risks of physical injury and I voluntarily agree to assume the full risk of any injuries, including death, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associate with such programs/activities held on the Decatur Public Schools property."

"I do hereby fully release and forever discharge Decatur Public Schools and all coaching staff for the clinic from any and all claims from injuries, including death, damages, or losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities."

I have read and fully understand the above Waiver & Release of all Claims.

Signature of Adult Parent/Guardian 18 years of age or older: _____

Date: _____
