

Mayo Spartan Girls Basketball Camp 2015



June 22nd – June 26th and July 27th - July 31st

Mayo High School
Grades 5th-9th



CAMP DONATION (cash or check): \$60.00

Participant's Name: _____ Grade (Fall 2015): _____

Camp Attendance (check all that apply): June 22nd – 26th **and/or** July 27th – 31st

T-shirt Size: _____ Elementary/Middle School: _____

Phone: _____ Email: _____

Parent Name(s): _____

WARNING, LIABILITY, RELEASE, AND ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

I understand that participation in this recreational program involves the risk of injury. These risks include collision with other players, being hit by the ball, falling to the ground or scratches, bruises, etc. I further understand that before participating in this program I should consult a physician for advice. By signing this form, I acknowledge all risks of injury or death and affirm I am willing to assume responsibility should injury or death result from them. I also agree to follow all rules and procedures of the program and to follow reasonable instructions of the coaches and supervisors of the program. Furthermore, in return for the opportunity to participate in this program, I agree for myself, and for my heirs, assigns, executors, and administrators, to waive any legal rights I may have to seek payment of any kind from the district, its employees, or its agents for bodily injury or death resulting from this program, and to release those parties from any liability for damages resulting from my injuries or death. I understand that no insurance is provided by the district.

Parent/Guardian Signature: _____ Date: _____

Mail registration form to: Mayo Girls Basketball **OR** scan and email it to: Brooke.Kosok@rctc.edu
Mayo High School
1420 11th Ave SE
Rochester MN 55904

Payment is not needed right away, it can be paid the first day of camp. Registration forms help give us a head count on how many t-shirts to order and sizes needed. Please respond by June 5th.