

**2017 MUSTANG & LADY MUSTANG BASKETBALL CAMP REGISTRATION FORM:**

Camper Name: \_\_\_\_\_

Gender: (please circle)            Male            Female

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

2016-17 Grade: \_\_\_\_\_ School: \_\_\_\_\_

**T-Shirt Size (circle one)** YS    YM    YL    S    M    L    XL

**COST:** \$65 per camper

*Sibling Discount:* \$15 discount per camper after 1<sup>st</sup> registration

TOTAL COST: \_\_\_\_\_ Check # \_\_\_\_\_

**\*\*\*\*Make checks payable to John Berkman**

Bring registration form and payment to John Berkman or Matt Bailey at MFHS. You may also bring your registration form and payment on the first day of camp

**EMERGENCY CONTACT INFORMATION:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

LIABILITY RELEASE: I, the undersigned, hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek, during the camp, the appropriate medical attention for the camper, for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness. I will be responsible for any and all medical costs of medical attention and treatment. I, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge the Mustang Camp Staff, its officers, agents, employees and representative successors and assign of and from all rights and claims for damages, injury or loss to person or property, which may be sustained during participation in camp activities or while at camp, whether or not damages, injury or loss is due to negligence.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MEDIA RELEASE: I grant permission for my child's picture to appear in Marble Falls ISD athletic publications.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_