



Boys Basketball

2016 Johns Creek Boys Basketball Camp Registration

Participant's Name: _____ Grade: _____

School: _____

Address: _____ State: _____ Zip Code: _____

Name of Parent(s): _____

Home: () _____ Cell: () _____

Email Address: _____

Camp Date (Please Circle One): Camp I June 6-9 12-4pm or Camp II June 27-30 12-4pm

T-shirt Size (The shirts will be Under Armour 100% polyester- there will be NO EXCHANGES for the wrong size shirt. Please circle the correct size):

Youth Small Youth Medium Youth Large Youth Extra Large

Adult Small Adult Medium Adult Large Adult Extra Large Adult Extra Extra Large

PARENT RELEASE- Johns Creek Junior Gladiator Basketball/Keenan Temple and Camp Instructors
This parent release form is between the parents of _____ and Johns Creek Junior Gladiator Basketball/Keenan Temple and Camp instructors.

I hereby approve my child's participation in the Johns Creek Junior Gladiator Basketball Camp. I certify my child is of good health and able to participate without limitations. In the event that a medical emergency would occur and I am not on the premises or cannot be contacted, I give my permission to secure medical attention. I hereby release Johns Creek Junior Gladiator Basketball, Coach Keenan Temple and all of the clinic instructors of all liabilities due to injury or illness.

Parent Signature: _____ Date: _____

Please send this completed form and a check to:

Johns Creek High School
Attention: Keenan Temple
5575 States Bridge Rd
Johns Creek, Ga. 30022

Make Checks Payable to: Johns Creek Jr. Gladiator Basketball
Cost: \$145.00