Osage Nation Summer Camp

Skills Clinic 2019

Registration Form

FAIRFAX

Name:_____

Grade:_____

Native American: YES NO Tribe:_____

T-shirt size YXS YS YM YL AS AM AL AXL

Medical conditions:_____

Parent/Guardian:_____

Cell:_____

As the above Parent/Guardian of the above child, I hereby agree to accept full and complete responsibility for all medical or other expenses necessary as a result of an injury during the Skills Clinic. The undersigned also agrees to release Osage Nation, Woodland Public Schools, counselors & all staff from any/all liabilities or accidents that might occur due to participation in the clinic activities. I hereby authorize the staff of Osage Nation Summer Camp Basketball Clinic to act for my child according to their best judgment in any emergency requiring medical attention.

Signature(s) of Parent/Guardian:_____

Date:_____