



2017 Summer Developmental Camps

Camp Registration

Name _____ Grade (Fall 2017) _____ Birth Date: ___/___/___

Address _____ City/St. _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Camp Attending

<input type="checkbox"/>	Little Hoopers Camp 1	Grades K-2 (Fall 2017)	M – Th June 19 - 22	9:00 am – Noon	\$110.00
<input type="checkbox"/>	Little Hoopers Camp 2	Grades K-2 (Fall 2017)	M – Th July 10 - 13	9:00 am – Noon	\$110.00
<input type="checkbox"/>	Young Hoopers Camp 1	Grades 3-5 (Fall 2017)	M – Th June 5 - 8	9:00 am - Noon	\$110.00
<input type="checkbox"/>	Young Hoopers Camp 2	Grades 3-5 (Fall 2017)	M – Th July 17 - 20	9:00 am – Noon	\$110.00
<input type="checkbox"/>	Middle School Camp	Grades 6-8 (Fall 2017)	M – Th June 5 - 8	1:30 pm – 5:00 pm	\$135.00
<input type="checkbox"/>	Elem. Shooting Camp	Grades 3-5 (Fall 2017)	M – Th June 19 - 22	1:30 pm – 5:00 pm	\$135.00
<input type="checkbox"/>	M S Shooting Camp	Grades 6-8 (Fall 2017)	M – Th July 10 - 13	1:30 pm – 5:00 pm	\$135.00
<input type="checkbox"/>	Offensive Efficiency	Grades 6-12 (Fall 2017)	M – Th July 17 - 20	1:30 pm – 5:00 pm	\$135.00

Youth T-Shirt Size: **S M L** Adult T-Shirt Size **S M L XL XXL**

Parental Consent and Assumption of Risk Agreement

I, the undersigned parent/legal guardian of _____, authorize said child's participation in Brashear Basketball. It is my understanding that participation in the activities that make up Brashear Basketball is not without some inherent risk of injury. As such, in consideration of my child's participation in Brashear Basketball, I hereby release, waive, discharge and covenant not to sue Brashear Basketball or All Saints Episcopal School, their officers, servants, agents or employees from any and all liability, claims, demands or injury, including death, that may be sustained by my child, whether caused by negligence of the releases, or otherwise while participating in activity, or when in, on, or upon the premises where the activity is being conducted.

I also agree to follow all instructions and procedures in order to maintain a maximum level of safety. I also understand that a medical insurance policy carried by Brashear Basketball, if any, will provide only minimum coverage, and that I should make sure my child is covered in the event of a serious accident.

I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital or medical care facility that may be required and accept responsibility for the cost.

I also give permission for any picture of said child to be used for promotional purposes including, but not limited to printed material, web, video and any media coverage.

Signature of Parent/Guardian

Date

Return completed application and payment to: **Brashear Basketball • 4102 – 68th Street • Lubbock, TX 79413**

Deadline for registration is one week prior to the beginning of the specific camp.

For additional information: **Call 806-789-0907** or email: **info@brashearbasketball.com**