



WEST END CHRISTIAN SCHOOL

Basketball Camp Registration Form

Student Name: _____ Grade Entering: _____

WECS Student? Y N If "no," school attended: _____

Basketball Skill Level: Beginner Some Exposure Experienced

Address: _____

Phone Number: _____

Parent/Guardian Name: _____

Emergency Contact Number: _____

Important Medical Information (example: asthma, allergies, etc.): _____

People (other than parents) authorized to pick up student from camp: _____

By my/our signature(s) to this Statement of Permission, I/we release and hold blameless the above named school and individual sponsors including teacher(s), coach(es), principal, and staff from all liability for mishap or injury to the student named herein during the West End Christian School sponsored event. It is understood that the best possible care will be given my child.

In the event of medical emergency, I give my consent to allow an authorized representative of West End Christian School to seek medical aid for my child at the nearest appropriate facility.

At least one parent/guardian must sign this release in order for the student to attend basketball camp.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____