

REGISTRATION FORM

CAMPER'S NAME _____ AGE _____ CHK # _____

SCHOOL _____ GRADE _____ (2023-2024 SCHOOL YEAR)

ADDRESS _____ CITY _____ ZIP CODE _____

PARENTS _____

CELL PHONE # _____ WORK # _____

EMAIL ADDRESS _____ - _____

PLEASE MAIL REGISTRATION FORMS WITH PAYMENT TO THIS ADDRESS:

PO BOX 786, CLARENDON, TX 79226 OR DROP OFF AT THE ADMIN BUILDING

MAKE CHECKS PAYABLE TO: **BOSTON HUDSON**

FOR FURTHER INFORMATION, CONTACT COACH HUDSON AT 806.255.0376

CAMP RELEASE FORM

Assumption of Risk/Release of Liability

It is understood that Clarendon Independent School District and all those associated with the Clarendon Basketball Camp are not to be held responsible for any injury or accident that might occur before, during, or right after the camp. The signee releases the coaches, Administrators, School Board, and any other school or camp personnel from all claims, demands, and causes of action whatsoever in any way resulting from participation in the Clarendon Basketball Camp. All participants should be covered by their own insurance.

We, as parents or guardians of the named camper, hereby grant permission for said child to participate in the 2023 Basketball Camp and give permission to the camp staff to seek medical treatment in the event of an emergency.

PARENTS SIGNATURE

DATE