

 **WAIVER** 

I, _____, parent of _____ do hereby give over and release unto the staff of Second Baptist School all authority and responsibility to authorize any and all medical treatment necessary for the protection of the health and well being of my child. This authorization shall be effective from June 6-July 21, 2011, inclusive; or until it is expressly revoked. I hereby release Second Baptist School and its staff from any and all claims and liabilities of whatsoever nature, both individually and collectively, that may arise from my child's participation in these camps.

Parent Signature

Date

ATHLETE'S REGISTRATION INFO.

FIRST NAME: _____

LAST NAME: _____

GRADE FOR 2011-2012: _____

ADDRESS: _____

EMAIL: _____

ATHLETE'S CELL: _____

EMERGENCY CONTACTS:

NAME _____

CELL _____

NAME _____

CELL _____

Fees include a t-shirt. Please circle your size:

AS AM AL AXL AXXL AXXXL

 **PAYMENT INFORMATION** 

Cost: \$150 per athlete

Pay by Cash, Check, or Money Order

Check # _____

Checks payable to Second Baptist School

Submit Completed Registration Form to Athletic Office