## **Steve Miller Basketball Camp** June 24-27, 2019

Child's name:		
School name:		
Parent/Guardian name:		
Parent/Guardian contact numbers:		
Emergency Contact:	Phone:	
Insurance Carrier:	Policy Number:	
Camp session (please circle one):	Grades 1-6 (9:30-12:00)	
Release of Liability		
By signing this form, the above named hereby	waives, releases, and di	scharges Steve

By signing this form, the above named hereby waives, releases, and discharges Steve Miller Basketball Camp coordinators and its agencies, officers, and employees from any and all liability for the camp attendee's death, disability, personal injury, property damages, theft or claims of any nature which may hereafter accrue to the participant, and the camp attendee's estate as a direct or indirect result of participation in the activity.

\*\*Without parent/guardian signature on the line below, the child will not be permitted to attend camp\*\*

Parent/ Guardian signature

\*\* This form can be turned to Jacobi Jarski before the first day of camp\*\* (can be scanned and emailed to jjarski@mhanation.com)

\*\* No physical needed to attend this camp \*\*

Any questions or concerns please feel free to contact Jacobi at (701) 421-0445.

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