

Camper: \_\_\_\_\_

Age: \_\_\_\_\_ Shirt Size: YS YM YL AS AM AL

Emergency Contact: \_\_\_\_\_

\_\_\_\_\_

WAIVER/RELEASE

I \_\_\_\_\_ do hereby waive and (parent/guardian name) release any and all rights and claims for damages that may have or hereinafter occur to me against the director and staff of The Mountaineer Skills Camp or Murray County Schools. I confirm that my child's health meets medical standards to participate in a basketball camp. I understand that basketball is a sport, and injuries may occur. I further understand that, neither the camp director nor any staff of the Mountaineer Skills Camp or Murray County Schools shall be held responsible for any medical injuries that may result from participation of our camp. I give permission for

\_\_\_\_\_ to participate in the Mountaineers Skills Camp. I give the Mountaineer Camp Staff my permission to act on my behalf in arranging for emergency medical attention to the above mentioned camper from a licensed physician or hospital if necessary. The undersigned parent/legal guardian of the above mentioned applicant has read and understands the above agreement, and accepts and agrees to the terms and conditions of this waiver/release form.

Parent/Guardian Signature: \_\_\_\_\_ Date



**LADY MOUNTAINEER  
CAMP OF CHAMPIONS**

**JUNE 20-23**

**COST: \$45.00**

**CAMPERS**

**KINDERGARTEN THROUGH**

**8TH GRADE**

**For more INFO:**

**[keith.robinette@murray.k12.ga.us](mailto:keith.robinette@murray.k12.ga.us)**