

Camper Name: _____

Grade for 2021 - 2022 School Year: _____

Address: _____

City: _____

Boy or Girl (Circle one) : _____

Shirt Size (Circle one) : YS YM YL AS AM AL AXL

Phone #: _____

Cash or Check (Circle one) : *NO REFUNDS*

Make Checks payable to: Chapel Hill Boys Basketball Booster Club

***Turn in all FORMS / PAYMENT to the front OFFICE of any of the surrounding Chapel Hill
ISD Schools or bring form / payment the day of the camp.***

Consent form: I hereby authorize, give permission to and consent to my child to participate in the Chapel Hill Youth Basketball Camp. I grant permission in case of injury or illness that my child can be treated by Chapel Hill ISD training staff. In case of medical emergency involving my child, I can be reached at the following telephone number(s).

Name: _____

Phone Number: _____

The undersigned hereby releases all persons involved in the Chapel Hill Youth Basketball Camp from any and all liability, claims, demands, rights of action, or causes of action for injuries. This release and waiver of liability is to be binding on my heirs, administrators, and assigns.

Parent Signature: _____

Date: _____

