

Please complete the registration form along with payment [\$20 check payable to Ben Simons or cash] to the Gaylord St. Mary Office or send it to Coach Moffit, Gaylord St. Mary, 321 N. Otsego Ave, Gaylord, MI 49735. Please contact Coach Moffit at coachmoffit@gmail.com if you have any questions.

Participant Information

Participant Name: _____

Grade (next year): _____

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Emergency Contact: _____

Emergency Phone: _____

I, the undersigned parent/guardian of the above-named participant, understand that participation in a basketball camp involves physical activity and certain risks of injury, including but not limited to falls, collisions, sprains, fractures, illness, and other injuries that may occur during camp activities. I voluntarily permit my child to participate in the basketball camp and assume all risks associated with participation. In consideration for being allowed to participate in the camp, I hereby release, waive, discharge, and hold harmless: its coaches, employees, volunteers, organizers, sponsors, and affiliated representatives from any liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury that may be sustained while participating in camp activities or while traveling to and from camp activities.

Signature of

Parent/Guardian: _____

Date: _____