

Huron Youth Basketball Association

Summer Camp 2010

Player Information:

Name: _____ Grade: (As of Fall 2010) _____ School: _____
Phone: _____ Address: _____ City: _____
Email: _____

Shirt Size:

(Please circle desired size.)

YS YM YL AS AM AL AXL AXXL

Camp dates/hours: July 26, 28, 29, Aug 2, 4, & 5 from 6:00-9:00 PM at the Huron High School gymnasium.

Registration Fee:

The registration fee is **\$40** per child. **Check#** _____

(Make checks payable to: Huron Youth Basketball Association or HYBA.)

Medical Alert:

Identify any medical conditions: _____

Consent & Release:

The undersigned parent / guardian acknowledges that he / she: A) is aware that basketball is the type of activity that can result in personal injury; B) releases and holds harmless Huron Youth Basketball Association, High School District, it's agents, coaches, and volunteers, from any and all liability that may incur in performance of their duties with the Basketball Program; C) affirms that the above player has had a medical physical in the past 12 months and is not restricted from participating in sport activities; D) will immediately notify the directors of all "medical alerts" that may arise; E) abide by the rules and expectations of the Basketball Program, practice and encourage good sportsmanship during all games and practices.

Parent / Guardian

Date