

CJ MILES BASKETBALL CAMP 2010 REGISTRATION FORM

Name_____

Address_____

City, State, Zip_____

E-mail_____

Phone #_____ Emergency #_____

Age as of 1st day of camp_____ Height_____ Grade entering_____

M/F_____ School attending now_____

I waive and release City of Dallas and CJ Miles Basketball Camps from any and all liability from injury and illness going to camp from home or while at camp or while returning home. I, as parent /guardian, have actual knowledge and appreciation of the participation, and assume the risk arising there from. I hereby give my permission for emergency medical treatment in the event I can not be reached.

I also understand that CJ Miles Basketball Camps requires a physical examination within the 12 month period of the date the camper is scheduled to attend camp. By signing below I acknowledge that my child meets this requirement and have no knowledge of any medical condition that would prevent said minor from full participation.

Signature of Parent/Guardian_____

Date:_____