



**2020 K & J Summer Basketball Camp**

**Multipurpose Sports Complex**

**July 13th –31st 2020**

**9:00 a.m. – 3:00 p.m.**

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**REGISTRATION FORM**

**Child's Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**D. O. B.** \_\_\_\_\_

**Parent/Guardian (1)** \_\_\_\_\_

**Contact #** \_\_\_\_\_

**Parent/Guardian (2)** \_\_\_\_\_

**Contact #** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The camp is open to children 5 to 18 years of age. Cost of the camp is **\$120 per child/ \$ 15 per day.**

**Please note that pick up time is at 3:00 pm daily.**

**Contact Jason @ 540-4756 or Kennedy @ 499-7989 or email us @**

**kandjbasketballbvi@gmail.com**

## **Waiver and Release Form for the 2020 K&J Summer Basketball Camp**

### *Liability Release and Parental Consent Form*

In consideration of the acceptance of my application for the said program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance K&J organization, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above.

It is understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

### **Parental Consent**

*(Complete if applicant is under 18)*

I give consent for my child \_\_\_\_\_ to participate in the above activities, and I execute the above liability release on their behalf.

### **Consent for Treatment**

I hereby give my consent to have the above applicant treated by emergency medical personnel in case of sudden illness or injury while participating in the above activity. It is understood that K&J Basketball organization will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

I have read and understood the foregoing registration liability release and parental consent form and agree to all its terms and conditions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date