2019 COMET BASKETBALL CAMP REGISTRATION FORM

TURN FORMS INTO THE HIGH SCHOOL OFFICE OR ON FIRST DAY OF CAMP

STUDENT NAME _____

GRADE (2019 -2020) _____

ADDRESS _____

CITY_____ ZIP_____

PARENT DAYTIME PHONE _____

HOME PHONE _____

PARENT/GUARDIAN CONSENT

I understand that the Comet Camp does not carry accident or injury insurance on participants. I also grant permission for the camp staff to seek medical attention at an appropriate facility in the event my child is injured AND I CANNOT be reached.

ACKNOWLEDGEMENT OF RISK

In addition, as a parent of a participant in the Comet Camp, I hereby state that I am aware of the risk inherent in the program activity. I further agree to hold harmless and indemnify the Comet Camp, its staff, and Bellevue Community Schools from and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my child in the cause of the camp.

PARENT/GUARDIAN _____

DATE _____

T-SHIRT SIZE (ADULT)

S _____ M _____ L _____ XL _____ XXL _____ XXXL _____

Youth M____ Youth L_____

CONTACT: CHET KNAKE
EMAIL: knake45@hotmail.com
PHONE: 563-590-3724

COMET BOYS BASKETBALL CAMP 2019

BELLEVUE ATHLETIC COMPLEX
JULY 16 – 18

8:30-11:00
GRADES 3RD – 8TH
THERE IS A $40 CAMP FEE
MAKE CHECKS PAYABLE TO *BELLEVUE SCHOOLS*

CAMP T-SHIRT INCLUDED IN THE FEE

TURN IN THE REGISTRATION FORMS TO THE HIGH SCHOOL OFFICE OR BRING FORMS TO CAMP

CAMP CHECK IN TIMES

TUESDAY, JULY 16th
8:00 AM GRADES 3rd – 8th

BASKETBALL GYMNASIUM