



GATOR BASKETBALL CAMP REGISTRATION & WAIVER FORM

Player Name: _____

School: _____

Grade (Next Fall): _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

E-Mail: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

2nd Emergency Contact Name: _____

2nd Emergency Contact Phone: _____

Insurance Company: _____

Policy Number: _____

I/we hereby authorize the camp staff to act for parent/legal guardian according to their best judgment in any emergency requiring medical attention. In case of an emergency, the parent/legal guardian will be notified immediately. The parent/legal guardian further agrees to waive and release Jefferson County Schools for any injuries, losses or damage while at the camp and from and all liabilities therein. I/we fully understand that the Jefferson County Schools do not provide any accident or health insurance coverage while participating in the camp. I fully understand that it is my/our responsibility to provide insurance coverage for my son/daughter.

Parent/Guardian Signature: _____ **Date:** _____

Please fill out this entry form and bring it to camp at SLHS

**Standley Lake High School
9300 W. 104th Avenue
Westminster, CO 80021**

**GATOR BASKETBALL HEART
HUMILITY – EXCELLENCE – ATTITUDE – RESPONSIBILITY – TEAM**