

**CAMPUS HIGH SCHOOL
5-8 BOYS BASKETBALL CAMP**

May 29 through June 1

9:00 AM to 11:00 AM

Campus High School

Fee \$25

Presented by Chris Davis and Staff

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Registration Form

Name _____ Parents _____

Address _____ Phone _____

Grade this Fall _____ School _____ Emergency Phone _____

Please include payment with registration form. Make checks Chris Davis. Mail payment to Chris Davis, 3905 W Angel St, Wichita, KS 67217, or pay the first day of camp.

If you have any questions, please call Chris Davis at (316) 250-8148.

Waiver and Consent Form

I, the undersigned, hereby consent to the rendering of emergency medical attention to _____ if the parent or legal guardian cannot be contacted for any reason. This consent extends to and is given to hospital or emergency personnel or other available healthcare providers. I release USD 261, Chris Davis and Staff from any responsibility and/or liability for any accidents and/or injuries involving my child. I understand that all campers must have their own insurance.

Parent or Guardian