

2010 York Preparatory Academy Basketball Camp

BOYS AND GIRLS GRADES 4-8

July 26-30 Time: 9am to 12pm

Cost: \$40 includes camp t-shirt

Return to: John Guion * Athletic Director/Head Boys Basketball Coach

John Guion 11608 Rabbit Ridge Rd. Charlotte NC 28270

Contact for questions: John Guion (704) 737-1130 jguion33@gmail.com

YPA BASKETBALL CAMP

I, _____, as a parent or guardian, hereby give permission for my child to participate in the York Preparatory Academy Basketball Camp and acknowledge the fact that he/she is physically able to participate in camp activities. I hereby authorize the directors and staff to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my child. I hereby waive any claim I might have against York Preparatory Academy Basketball Camp, the institution and staff.

I. Insurance

All campers must have their own medical insurance.

Camper's Name _____

Name of Primary Insured _____

Insurance Company _____

Employer _____

Policy # _____

II. Liability

I will be responsible for any and all medical bills.

Signature

Date

III. Shirt Size

Small

Medium

Large

X-Large