

White County High School

Warriorette Basketball Camp

May 22-24, 2018

9:00-11:30

Roy Sewell Gymnasium

\$40.00 per camper

(Make checks payable to White County High School)

Ages: K-8th grade

Name: _____

Address: _____

Age & Grade: _____ School _____

Phone Number: _____

Emergency Contact Number: _____

Any Medical Conditions or Allergies: _____

Parent Statement: I hereby authorize the Camp Director and all members of the White County Basketball program and staff to act on my behalf in any emergency situation requiring medical attention. I also hereby waive, release, and forever discharge Head Coach Michael Dodgen, the camp staff, the facility and all employees of the facility, of any liability for any illness or injury by the above named participant while attending the camp.

Parent Signature: _____

Date: _____