



Brittney Ezell Future Buccaneer Camp

WHEN: Saturday June 27, 2015
9:00 am-12:00 pm

WHO: Boys and Girls, Ages 7-13
Camp is open to any and all entrants and limited only by
number, age, grade level and/or gender

WHERE: Johnson City MPCC:
Memorial Park Community Center
510 Bert St., Johnson City, TN 37601

REGISTRATION FEE: \$25*
REG. FEE includes camp T-shirt!!!
*before June 22. \$30 after June 22.



*★Meet ETSU Women's Basketball
Players!!*
★Work on fundamentals!



★Work with ETSU Coaches!
*★Compete in a safe
environment!*

★Have the best Saturday EVER!!

Detach and return with payment. Please thoroughly fill out this form concerning your child and let us know of any conditions, concerns, or needs that you feel our staff should know. This is important for the safety of your child.

Child's Name _____ M ___ F ___ Age _____ Birth Date _____
Home Address _____ City _____ State _____ Zip _____
Parent/Legal Guardian _____ Home# _____ Cell# _____

Emergency Contacts and/or persons, other than you, authorized to pick up your child:

Name _____ Relationship _____ Phone _____

T-shirt Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium

Does your child have any special needs or medical concerns/limitations we should be aware of? Yes No
If so, will they need one-on-one help? Yes No

Explain: _____

Johnson City Parks and Recreation Department uses photographs of participants in programs and special events to inform others of the many recreation opportunities available in our community. We do not use identification in our brochure or on social media.

Do we have permission to photograph your child and use in brochures and on social media? Yes No

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK: Assuming the risk and legal liability and waiving and releasing all claims for injuries damages or loss, which might be sustained as a result of participating in any and all activities, connected with and associated with the program (including transportation when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that might be sustained as a result of participation in this program. I further agree to waive and relinquish all claims against the City of Johnson City, the parks and Recreation Department, its officials, agent's volunteers, and employees. I read and fully understand the above assumption of risk and waiver and release of all claims. If registered via fax, you facsimile signature shall substitute for and have the legal effect as an original form signature. PLEASE PRINT CLEARLY.

Parent/Guardian Name (please print clearly) _____

Parent/Guardian Signature _____ Date _____