

JACKIE STILES'

CHILD/PARENT CAMP

March 3, 2012 - Greenwood School - Springfield, MO

PLEASE PLACE ALL FAMILY MEMBERS ON ONE FORM

e-mail:jackie.stiles@lickingcamps.com Or Regular Mail to:

Heart of the Ozarks Athletics

PO Box 20501 St. Louis, MO 63139

YOU WILL RECEIVE A CONFIRMATION E-MAIL AFTER YOUR ENTRY IS RECEIVED

Personal Information

Child's Name(s) _____ Age(s) _____

Parent's Name(s) _____

Home Address _____ State _____ Zip _____

Athlete's E-Mail Address _____

Parent's E-Mail Address _____

Home Phone _____ Parent's Cell Phone _____

Emergency Contact Name _____ Relation _____ Phone _____

Release - Waiver of Liability and Proof of Insurance: I/we the undersigned on behalf of myself and my/our child listed above understand all the risks associated with the sport of basketball and basketball camp participation and do hereby hold harmless and release, waive and covenant not to sue any member of the camp coaching staff, the host institution as well as its employees and board members, or J. Stiles Total Training from any and all claims of liability. I/we further consent my/our child is physically able to participate in the camp, and I/we authorize the coaching members of the camp to escort my/our child to the hospital upon emergency. In addition, I/we verify my/our child has accident insurance coverage and I/we will accept all financial responsibilities of injuries arising from participation in this camp.

Signature _____ Date _____

PAYMENT

\$45 for parent and child/\$20 for each additional parent and/or child

Number of Parents _____ Number of Children _____

Amount Enclosed \$ _____