

Town of Murfreesboro Recreation Department

Youth Fall Basketball Camp

Let's Shoot Hoops!

Sponsored by Murfreesboro Recreation Department & ECU Community Health Benefit Grant

Date: November 7th, 2026

Time: 8:30AM - 12:00 PM

Camp Location: Hertford County Middle School

Registration Dates: October 1st - November 5th

Enrollment Info

Child's Name: _____

DOB ____/____/____

Age: _____

Parent/Guardian Name: _____

Address: _____

State: _____ Zip: _____

Home Phone: (____) _____

Alt. Phone: (____) _____

Emergency Contact Information

Name: _____

Address: _____

State: _____ Zip: _____

Home Phone: (____) _____

Atl. Phone: (____) _____

Relationship to Child: _____

Please remember to fill out the back portion of this form

Parental Waiver and Consent Form

As the parent or guardian of the child name below, I hereby give my full consent and approval for my child to participate as a camp member in the sport designated below. I understand that there are certain risks of injury inherent in the practice and performances of the sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Town of Murfreesboro, its offices, employees, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

Name of Child: _____

Date of Birth: _____

Grade: _____

Sport: BASKETBALL

List of any physical limitations (allergies, hearing sight, etc.)

Parent/Guardian's Signature: _____

Date: _____

PHOTO & VIDEO PERMISSION

The Town of Murfreesboro Recreation Department may photograph or record participants during recreation activities. Photos/videos may be used to promote Recreation programs on social media, flyers, the Town website, and other promotional materials.

Please select ONE:

☐ YES, I give permission for my child to be photographed/recorded for promotional purposes.

☐ NO, I do not give permission.