



LUSK TIGER BASKETBALL CAMP REGISTRATION FORM



My Child will be attending the following Camp:

_____ (3rd - 6th Grade)

_____ (7th - 12th Grade)

Athletes Name _____

Fall '24 Grade: _____

Parent / Guardian Names _____

Work Phone _____

Home Phone _____

- **Registration Deadline July 15th**
- **Make Checks Payable to: Niobrara County High School**
- **Drop off \$20 Registration Fee and Application at the City of Lusk Offices / Lusk Rec. Department**
- **Contact Jessica Yeager (307-340-1072), Coach Fullmer (308-546-7415) or Coach Wasson (307-689-7844) for more details!**

PARENT/GUARDIAN INFORMED CONSENT

I, the parent/guardian of _____ realize that there is a risk of my child being injured that is inherent in all activities participation. I realize that the injury may be severe including the possibility of fractures, brain injury, paralysis, and even death. I hereby give my consent for my child to participate in the student activity programs offered by Tiger Basketball Camp, and will abide by all policies governing these programs approved by the Tiger Basketball Camp. I hereby release Tiger Basketball Camp, Camp Director/s, Staff Members, and Niobrara County Schools from any liability in the event of injury and/or death of my child.

Activity programs specifically excluded

Signature of Parent/Guardian: _____ **Date:** _____

Parent/Guardian Consent of Emergency Medical Assistance

I hereby authorize the Tiger Basketball Camp Directors in charge of my child named below to obtain all necessary medical care for my child in the event that I cannot be reached to authorize it myself. I hereby authorize any licensed physician and/or medical personnel to render necessary medical treatment to my child.

Signature of Parent/Guardian _____ **Date** _____

Student/s Name _____

Mailing Address _____

Insurance Company _____

Policy Number _____

Other (allergies, etc.). _____

Phone Number:

Father _____

Mother _____

Emergency Contact _____