



*14th Annual  
Basketball Camp*



**Jon Kedrowski, Director**  
P.O. Box 532  
Avon, CO 81620  
(970)-306-8111

**REGISTRATION FORM AND LIABILITY WAIVER**

Participant's Name \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F

Head of Household (Parent or Guardian) \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell or Work # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

T-Shirt Size: S M L XL XXL Method of \$110 Payment: Cash Check Amt\$ \_\_\_\_\_

**THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS, READ IT BEFORE SIGNING.  
IF YOU DO NOT UNDERSTAND ANY PART, WE URGE YOU TO CONSULT YOUR ATTORNEY.**

**Waiver for Participants & Liability Release:**

PERSONAL RELEASE: I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my and/or children's actions and physical condition. I agree to indemnify and hold the N.O.D. Basketball Academy ("No Off Days") and its Directors, Officers, Agents, Staff, and Employees from liability, loss, cost, or expenses (including attorney fees, medical, and ambulance costs) that may incur in registered activities of camp.

MEDICAL RELEASE: In the event that you and/or your child may require medical attention and the emergency contact named on this form cannot be contacted, N.O.D. medical staff personnel will be hereby authorized to take whatever action is deemed necessary in their judgement for the health of you or the aforesaid child/participant. I agree that I am solely responsible for payment of all costs resulting from the rendering of medical and ambulance services.

If your child will be taking medication during program hours, we require a note from the parent/guardian giving us permission to administer the medication. All medication must be in the original container.

**I HAVE READ THE ABOVE TWO RELEASE STATEMENTS AND AGREE TO THE STATEMENTS AS WRITTEN:**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

**Please Make Registration Checks Payable to: NOD Everest Foundation – Jon Kedrowski**

Mail To: PO Box 532 Avon, CO 81620

Questions?? Call (970)-306-8111

**14<sup>th</sup> Annual N.O.D. Camps**  
Week of June 24, 2019