



15th 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 \$120 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.

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.

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

15th Annual N.O.D. Camps
Week of June 22, 2020