

Grade _____
G / B

Windsor Locks Park and Recreation

Office Use
Date _____
Cash / Check # _____
\$ _____

## 2019 Raiders Basketball Camp

*This camp is for players in **Grades 3 through 8***  
To be held in the Windsor Locks High School gymnasium.  
**\$30.00 per week - 7/15/19 – 7/19/19**

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
(in Fall, 2016)

ADDRESS \_\_\_\_\_ AGE \_\_\_\_ D.O.B. \_\_\_\_\_

PARENT'S NAME(S) \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

Please list any medical problems, allergies or special assistance that staff should be made aware of regarding your child as a participant in this program:

\_\_\_\_\_  
\_\_\_\_\_

**I certify that the above information is true:**

\_\_\_\_\_  
(PARENT OR GUARDIAN SIGNATURE) (DATE)

### LIABILITY WAIVER

Know that I, \_\_\_\_\_ of Windsor Locks, hereby give my son / daughter (please circle one)

\_\_\_\_\_ permission to participate in the town of Windsor Locks **Raiders Basketball Camp**. In consideration for my child's ability to participate in the **Raiders Basketball Camp**, I agree, to the fullest extent permitted by law, to defend, indemnify and hold harmless the Town of Windsor Locks Parks and Recreation Department, it's employees, agents and volunteers, from any injuries or damages caused by or resulting from participation in the Town of Windsor Locks **Raiders Basketball Camp**.

**I certify that the above statements are true:**

\_\_\_\_\_  
(PARENT OR GUARDIAN SIGNATURE) (DATE)